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ABSTRACT

In the second year of a longitudinal case study, the impact of P.L. 94-142, the Education for All Handicapped Children Act, on 12 elementary students in special education, and changes in four problem areas outlined in the law were evaluated: 1) individualized educational programs (IEP's), 2) least restrictive environment, 3) protection in evaluation procedures, and 4) parental involvement. Findings included that changes in the children's IEP's have been in the direction of more rather than less restrictiveness; that there were parental reports of delays in testing; that the substantial majority of parents were not well informed or greatly involved in program planning; and that the level of family adaptation to the handicaps was associated with its severity. Conclusions largely supported those of the first year. Among nine recommendations made were that parental involvement be emphasized and that regular educators and administrators be acquainted with the law through workshops and other inservice approaches. (Author/CL)

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Revised Annual Report, Second Year

Project No. 78-29
Contract No. 300780461

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THE ILLINOIS STATE STUDY OF THE IMPACT OF PL 94-142 ON THE FAMILIES OF CHILDREN WITH DIFFERENT HANDICAPPING CONDITIONS

August 1980

U.S. DEPARTMENT OF EDUCATION

Office of Special Education

EC151012

EXECUTIVE SUMMARY

Revised Annual Report
Project No. 78-29
Contract No. 300780461

Dr. F. James Davis and Dr. Barbara S. Heyl

August 1980

This report comes at the end of the second year of a longitudinal case study of the impact of Public Law 94-142 on a small sample of handicapped children and their families. This and four other case studies were designed originally for five years, in response to an RFP from the (then) Bureau of Education for the Handicapped. Funding for the entire category of case studies is being terminated at the end of the second year. The study reported here will continue for at least a third year, with assistance from the investigators' university.

Section 1: The Research Problem: Second Year

The general goal this year has been to gather data for comparison with that of the baseline year. Conclusions about the effects of PL 94-142 on the cases during the baseline year became hypotheses to be tested against data for the second year. The further aim has been to observe and analyze changes, especially in such areas as program placements, self-esteem, academic performance, interaction with others, and family adaptation to the handicap.

The effects of the law (the dependent variables of the study) are grouped under four headings: educational consequences, personal consequences, effects on social participation, and economic effects on the family.

The variables intervening between the law and its consequences fall into two categories: (1) the handicap, background, and school experiences of the child, and (2) variables in the delivery of educational services.

Section 2: Procedures

The research has been conceptualized in terms of social process and change in four of the problem areas outlined in PL 94-142: Individualized Educational Programs (IEPs), Least Restrictive Environment (LRE), Protection in Evaluation Procedures (PEP), and Parental Involvement (PI). The theoretical framework has consisted of five overlapping sociological perspectives: sociology of law,

minority-dominant relations, labeling of deviance, symbolic interactionism, and family adaptation.

Contact with the same 12 children and their families has been maintained during both years of the study. The random sample of 12 cases, stratified to provide different handicaps and school levels, was selected from elementary schools in an Illinois School district. This year three of the children moved to junior high schools.

Using field resarch procedures, two principal investigators and two graduate assistants have conducted interviews and observations in the schools and homes, kept case files, coded the data utilizing the 31 variables listed in the Appendix.

Section 3: Results

Again this year the cases have richly illustrated the four basic problem areas in PL 94-142: IEPs, LRE, PEP and PI.

More changes in the 12 children's IEPs have been in the direction of more restrictiveness rather than less, so the law does not seem to be producing wholesale mainstreaming.

Only one case has been judged to have become more severe than during the baseline year, five cases less so, and six the same. All five of the less severe cases seem to have had particularly effective help in their special education programs; the only more severe one has suffered from the effects of an apparently ill-advised instance of total mainstreaming.

Again this year there were parental reports of delays in testing for learning handicaps, thus in getting program placements reconsidered.

Again this year the substantial majority of the parents have not been well informed or much involved in program planning. Those who are strongly involved have had to be very determined in order to exert significant influence on decision-making.

Parental assertiveness is associated with the more severe handicaps, having another child with a handicap, or having a spouse working at home. However, two or all three of these predisposing variables are generally not associated with parental action unless the family has middle class status. It appears that lower status families are more likely to feel uninformed and powerless.

The level of family adaptation to the child's handicap is associated with the severity of the handicap, but not in a perfectly linear fashion. Stigma is evidently a major variable in family adaptation. Longitudinal case data are very helpful in illuminating the process of family adaptation.

Session 4: Conclusion

With some exceptions the conclusions reached for the baseline data year have been supported for the second year. Valuable trend data have begun to accumulate, providing longitudinal perspective on some key issues.

The IEP process is being used with restraint and dedication in the cases under study, and is not producing a general rush into mainstreaming. During this past year the special education programs of five of the 12 children have helped them enough to reduce the apparent severity of their handicapped condition.

The District seems to have made considerable progress in implementing PL 94-142, but it faces major problems in moving toward fuller compliance. Insufficient staff for reevaluations of handicapping conditions appears to be a continuing barrier. Some efforts to improve communications with parents about IEP conferences have been made, but a much greater effort will be needed to get parents adequately informed and involved in the educational programming for their handicapped children.

Section 5: Recommendations

1. Parental involvement must continue to be given top priority in research, professional workshops and conferences, Bureau publications, training grants, pilot projects in parental organizations, and in all efforts to educate the general public to the aims and problems of PL 94-142.

2. Parents of handicapped children must be provided with full information—in booklets and other printed forms—about the importance of their participation, their options and legal rights, and the aims, procedures, and categories of special education.

3. Printed information to parents must be followed up by conferences and group meetings, especially for the working and lower class families, to provide opportunities for questions, oral explanations, give-and-take

discussion, and emphasis on the scheduling of IEP planning conferences and the importance of attending them.

4. Family styles of adapting to the handicapped child, including the management or avoidance of stigma, must receive attention in research, in professional workshops and conferences, and training grants--both for special and general educators.

5. Increased efforts to educate the general public to PL 94-142 must emphasize the IEP nature of the law, making clear that the important principle of LRE is not leading to wholesale mainstreaming, and was never intended to.

6. Major efforts should be made to acquaint teachers and administrators who are not in special education with the aims and problems of administering PL 94-142, through workshops, distribution of written and audio-visual materials, and inclusion in professional training for teaching.

7. The awareness of special educators of the delicate problems of balancing least restrictive environments with adequate special help should receive special attention in research, workshops for special educators, and in communications between special and regular teachers and administrators.

8. Maximum discussion should be encouraged, especially in workshops and other communications <u>at the school level</u>, of the need for frequent retesting and reconsideration of program placement.

9. Major attention should be given to ensuring an adequate supply of qualified evaluators so that retesting can be accomplished promptly when needed for reconsideration of program placements.

Revised Annual Report, Second Year

Project No. 78-29

Contract No. 300780461

THE ILLINOIS STATE STUDY OF THE IMPACT OF PL 94-142 ON THE FAMILIES OF CHILDREN WITH DIFFERENT HANDICAPPING CONDITIONS

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and
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August 1980

The research reported herein was performed pursuant to a contract with the Office of Education, U.S. Department of Health, Education, and Welfare. Contractors undertaking such projects under Government sponsorship are encouraged to express freely their professional judgment in the conduct of the project. Points of view of opinions stated do not, therefore, necessarily represent official Office of Education position or policy.

U.S. DEPARTMENT OF
HEALTH, EDUCATION AND WELFARE

Office of Education
Bureau of Education for the Handicapped

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THE ILLINOIS STATE STUDY OF THE IMPACT OF PL 94-142 ON THE FAMILIES OF CHILDREN WITH DIFFERENT HANDICAPPING CONDITIONS

1. The Research Problem: Second Year

(a) Objectives. Last year (1978-79) was the baseline period, the beginning of an intensive, longitudinal study of the impact of Public Law 94-142 on a small sample of handicapped children and their families in one school district in Illinois. The general aim for the second year (September 1979 through August 1980) has been to continue gathering data for longitudinal analysis. Data have been developed in order to see if the relationships found last year pertain this year, and also to observe changes--especially in such key areas as program placements, academic performance, self-esteem, peer interaction, and family adaptation to the handicap. The strategy has been to seek data on all variables included during the baseline year, but to pay particular attention to four important areas in which data had been scanty: (1) school-parent communications about Indiviualized Educational Planning conferences, (2) the role of parents in negotiating the program placement, (3) reasons why parents of girls seem more prone to criticize program placements than parents of boys do, and (4) economic effects of the law on families. More in-depth data have been obtained especially in the first two of these areas.

(b) Continued Use of the School Setting. The field experience during the baseline year demonstrated the value of including the school setting in the plan for gathering observational and interview data. Observing the child at school, and talking with teachers and other professionals, provide crucial checks on the validity of interview statements and observations in the home. Information on school events to which the child and parents are responding helps to illuminate the meaning of statements and behavior at home. Teaching-helping professionals and families are enmeshed in a common field of social interaction, and the impact of PL 94-142 on children and families depends on the various responses to the law of all district personnel who influence its interpretation and implementation.

(c) Significance of the Study. Direct study of handicapped children and their families, together with the professionals in immediate contact with them, provides firsthand evidence of the impact of the law designed to guarantee the legal rights of all handicapped children to public educational opportunity. Intensive study of a limited number of cases facilitates careful observation of social processes--of cause-and-effect relationships. Longitudinal data on cases not only increases the value of data on sequences of events; it also may highlight unanticipated as well as expected consequences, and long-run as well as more immediate effects. Of particular importance are the dynamics and effects of changes in program placements from year to year--changes crucial to realizing the legal aims of individualized educational programs, least restrictive environments, protection of evaluation procedures, and parental involvement.

The findings in such studies may have important implications for the training of regular classroom teachers and administrators, not just for special educators. PL 94-142 requires substantial changes in role expectations for the entire teaching-helping network involved in educating the handicapped. Findings may point to needed shifts in administration of the law at the district level. Evidence concerning parental involvement in making decisions about the education of handicapped children may help suggest ways to increase the level and quality of their participation. Survey research is less likely than intensive case analysis to illuminate the types, dynamics, and consequences of parental participation in what have usually been seen as strictly professional activities. Finally, key findings of such research may point toward needed changes in the basic legislation.

(d) Limitations of the Study. To gain the considerable analytical advantages afforded by longitudinal study of a limited number of cases, it has been necessary to forego estimates of sampling error and thus of generalizeability to larger populations. Much is being learned about the conditions under which particular effects on the child and family occur, but other kinds of data are needed for determining the frequency of these conditions, and thus for formulating policies. Also, although non-handicapped children are often observed alongside the handicapped in the same school settings, the former are not included as subjects of the study. This limitation is not so important as it is in designs relying solely on test data or survey instruments, where inferences about the effects of a variable are more risky, yet the lack of a control group must be kept in mind.

Unexpectedly, and due to the reorganization of the Department of Education, this and other similar longitudinal case studies of the impact of PL 94-142 on families will no longer receive funding from the Bureau of education for the Handicapped (now replaced by the Office of Special Education). Longitudinal analysis has begun with this year's data, but the five-year goal is not likely to be realized. Our particular study will continue for another year with some support from Illinois State University, in hope that the quality and quantity of the case data will not be seriously compromised. Support beyond next year seems very problematic. Thus, although much will have been learned about the short-run impact of PL 94-142 on the children and families, analysis will have to be terminated when interpretations of longer-run effects have only begun.

(e) Dependent Variables. Four different kinds of effects on handicapped children and their families are being observed: educational, personal, social participational, and economic. The list of these dependent variables is the same as it was during the baseline data year, the continuing strategy being to seek out and record data on all those listed, as much as possible. However, more information has been obtained on some of the effects than on others, and a deliberate effort has been made this year to emphasize certain ones, such as parental involvement in decisions about the child's school program. The list of effects follows:

(1) Educational consequences

a. change in nature of the child's educational program
b. changes in amount of instructional time
c. recipient of special services or individualized instruction
d. significant progress or setbacks in learning of skills
e. meaningful new experiences
f. increased parental involvement in educational planning

(2) Personal consequences

a. changes in child's sense of self-esteem
b. changes in child's acceptance of the handicap
c. changes in family acceptance of the handicap
d. changes in child's confidence about future roles
e. changes in parental confidence about child's future roles
f. changes in child's management of stigma
g. changes in family's management of stigma
h. changes in child's and family's management of problems specific to the handicap
i. changes in perceptions of the child held by teachers, administrators, counselors, and other helping professionals
j. changes in actual behavior toward the child of teachers, administrators, counselors, and other professionals
k. changes in perceptions and actions of the child's peers

(3) Effects on social participation

a. changes in friendship choices
b. changes in time spent with other handicapped children
c. changes in time spent with non-handicapped children
d. changes in participation in extracurricular activities
e. changes in the number and quality of contacts with adults
f. changes in parental perception of interaction within the family
g. changes in actual interaction within the family
h. changes in parental acceptance and encouragement of the child's social participation

(4) Economic effects

a. loss of work time
b. financial and time costs of travel to attendance at hearings and conferences
c. fees for legal services
d. changes in the cost of instruction, including transportation for the child

(f) Intervening Variables. If Public Law 94-142 is conceptualized as the independent variable, the impact of which is being investigated, the variables that affect the implementation of the law are intervening. Effects that are independent of the law must be separated from their intervening effects as much as possible. Two of the variables in the first group (below) were used in selecting the stratified, random sample of cases for study: nature of the handicap, and the child's school level. School program is listed below, although one of the dependent variables listed above is change in the program since last year. Program change may be considered as intervening, from the point of view of its effects on some other dependent variables. The case study method is especially amenable to such a shift in analysis of particular variables. The researcher can first examine what influenced the change in school program for the child, and then shift to following the consequences of the change. Otherwise, the variables listed here are seen as intervening between the law and its consequences.

(1) The handicap, background, and school experiences of the child

a. nature of the handicap
b. severity of the handicap
c. age of child
d. sex of child
e. social class of parents
f. school setting
g. school program
h. child's school level (grade level of child's particular program--not necessarily correlated with the child's functioning level)

(2) Variables involved in the delivery of educational services

a. attitudes of administrators toward the law and degree of compliance
b. responses of teachers to mainstreaming and other changes
c. incongruence of expectations among members of the teaching-helping-client network
d. differential perceptions of the individual child by different teachers and administrators
e. nature of communications to parents about hearings
f. parental perceptions of the child's handicap and educational needs
g. actions and influence of special interest groups

2. Procedures

(a) Conceptualization: Relationships Among Variables. The variables influencing implementation of PL 94-142 are portrayed in Figure 1 as intervening between the law (the independent variable) and its consequences (the dependent variables). Although Figure 1 has an input-output appearance, the theoretical orientation of the study is social interactionist (or social behaviorist) rather than any type of systems theory. The research is focused on social process and change, interactions among persons and groups, and the subjective meanings of actions.

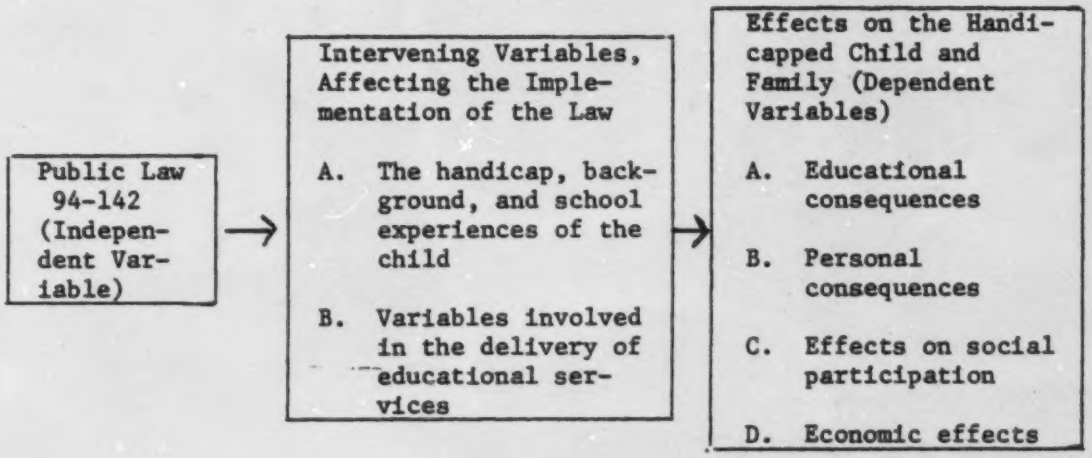
(b) Conceptualization: Theoretical Perspectives. The sociological approaches that proved valuable during the baseline year have continued to be the guiding perspectives for the research during the second year. Although the overlaps among these theoretical approaches are substantial, no ambitious synthesis has been attempted. It has often seemed advantageous to shift attention primarily to one of these perspectives, at least for a time, in order to analyze the data on a particular set of questions. A few comments on each approach will serve to indicate the kinds of uses made of these perspectives during the second year.

(1) Sociology of Law. Interest group cross-pressures influence the legislation, judicial interpretation, and administration of legal norms (Pound, 1942:65-86; Turk, 1966; Quinney, 1969:20-30; Chambliss and Seidman, 1971:63-73; Hills, 1971:191-95; Akers and Hawkins, 1975:5-15; Davis, 1962:69-71; 1978:135-39). A group considers its interests served by those legal norms seen as consistent with its major values (Pound, 1923;141-65; 1942:108-118; Chambliss and Seidman, 1971:51-52), and also with its existential or "legislative fact" beliefs (Patterson, 1963:30-35; Henshel and Silverman, 1975, Ch.1; Davis, 1975:52-54; 1978:131-35). Among the key interest groups involved in relevant lawsuits and in efforts to get the Congress to pass PL 94-142, were Associations for the Retarded, major professional associations of both general and special educators, federal and state agencies of education, organizations (and some coalitions) of handicapped persons, ethnic organizations, parents, and consumers (Lippman and Goldberg, 1973:Chs. 4-7; Mercer, 1973; Hobbs, 1975; U. S. Code Congressional and Administrative News, 1975:1430-31; Turnbull and Turnbull, 1978:19, 35-83).

The ultimate effects of a state or federal law depend on the operation of interest groups at the points of local impact. The effective power of a particular interest group at the school district level may be quite different from that wielded by its state or national counterpart. The system of special education in the district at any given time represents the tentative outcome of the give-and-take among the interest groups. This tenuous pattern of accommodation varies with the social class of the families, the training and experience of particular administrators and teachers, budgetary contingencies, and other situational factors. This "negotiated order" (Day and Day, 1977; Strauss, 1978) may be changed when there is even a temporary shift in the balance of power among the interest groups. This can happen when parents of handicapped children become unusually assertive, exercising

FIGURE 1

RELATIONSHIPS AMONG VARIABLES


Public Law 94-142 (Independent Variable)
Intervening Variables, Affecting the Implementation of the Law
A. The handicap, background, and school experiences of the child
B. Variables involved in the delivery of educational services
Effects on the Handicapped Child and Family (Dependent Variables)
A. Educational consequences
B. Personal consequences
C. Effects on social participation
D. Economic effects

their rights under PL 94-142, and challenge the power concentrated in the groups of school professionals. It can happen when a district, previously actively engaged in providing special educational programming, experiences fiscal shortages and responds by tightening the accessibility to special programs and settings. We have been alert, then, for any shifts in power or leverage among the different interest groups working at the district level.

(2) Minority-Dominant Relations. Public Law 94-142 is a civil rights law, passed to ensure equal educational opportunity to all handicapped children (Lippman and Goldberg, 1973:Chs. 4-7; Kleinfield, 1977; Turnbull and Turnbull, 1978:Chs. 3-8). Attitudes toward the handicapped are similar to those toward other minority groups (Straus, 1966:4-6; Roth and Eddy, 1967; Kutner, 1971:143; English, 1977; Yuker, 1977:881). Discriminatory acts have been reported in employment and education, and agents of rehabilitation have been charged with ignoring the ideas and wishes of the disabled (Scheff, 1966; Scott, 1969:50-70; Safilios-Rothschild, 1976:39-43). The concept of "handicapism" has been proposed as a means of comparing the experiences of handicapped groups with the victims of racism and sexism (Bodgan and Biklen, 1977).

Minority groups exhibit a wide range of responses to discriminatory treatment (Davis, 1978a:Ch. 7), and apparently handicapped groups do also (Myers, 1966:41-42; Scott, 1969:14-38, 50-89). Improvements in minority status arouse hopes for future gains, thus often resulting in tensions, increased protest, and demands for more change (Davis, 1978a:258-63). Little is known yet about the extent to which families of handicapped children have been developing a sense of minority identity since the implementation of PL 94-142 began. The law clearly indicates that school districts must provide full information to parents of handicapped children, encourage their participation in the child's educational planning, and provide for parental appeals to due process hearings. The stronger the sense of minority group identity among these parents, the greater the potential for assertive advocacy of their children's educational rights. We have concentrated, especially this second year, on specifying the factors affecting different degrees of parental involvement.

(3) The Labeling of Deviant Behavior. The behavior of handicapped children often deviates from social norms. The societal response is to label them deviant groups, to keep records on them, and to subject them to categorical treatment (Kasselbaum and Baumann, 1965; Nagi, 1966:104-105; Friedson, 1966; Scott, 1969; Safilios-Rothschild, 1970). Whether the condition is temporary or permanent, successful rehabilitation and education depend on the person's finding ways to minimize the stigma, while learning to behave as normally as possible and to accept the limitations of the handicap (Scott, 1966:34-38; Gove and Howell, 1974; Gove, 1976). Severely handicapped children apparently must cope with a stigmatized "master status" (Goffman, 1961, 1963). There are both advantages and drawbacks in having one's deviant group labeled in medical terms, as a group with a certain disease (Bloom, 1966; Myers, 1966:37; Scott, 1966:134-35). The entire family, not just the handicapped child, must cope with the stigma. The actions of teachers and administrators are also influenced by their beliefs and attitudes about the handicap.

(4) Symbolic Interactionism. Students of the labeling process have generally used the symbolic interactionist approach, especially to observe the effects of stigma on the deviant actor's conception of self. Much attention has been devoted to the effects of stigmatization on the development of "career" deviance (Rubington and Weinberg, 1978), to the management of stigma (Goffman, 1971), and to the process of destigmatization and entry into normal social roles (Sykes and Matza, 1957; Trice and Roman, 1970; Heyl, 1979:Ch.7). More generally, symbolic interactionism provides a conceptualization of the social field in which persons playing related roles affect each other's perceptions and actions. Thus it becomes possible to analyze systematically the interactions among the handicapped child, the family members, teachers, counselors, administrators, and other role players in the teaching-helping network. It provides the theoretical framework underlying the "negotiated order" analysis already mentioned in relation to the first of our theoretical perspectives. Further, symbolic interactionism suggests effective guidelines for case study procedures (Denzin, 1978:Ch. 7).

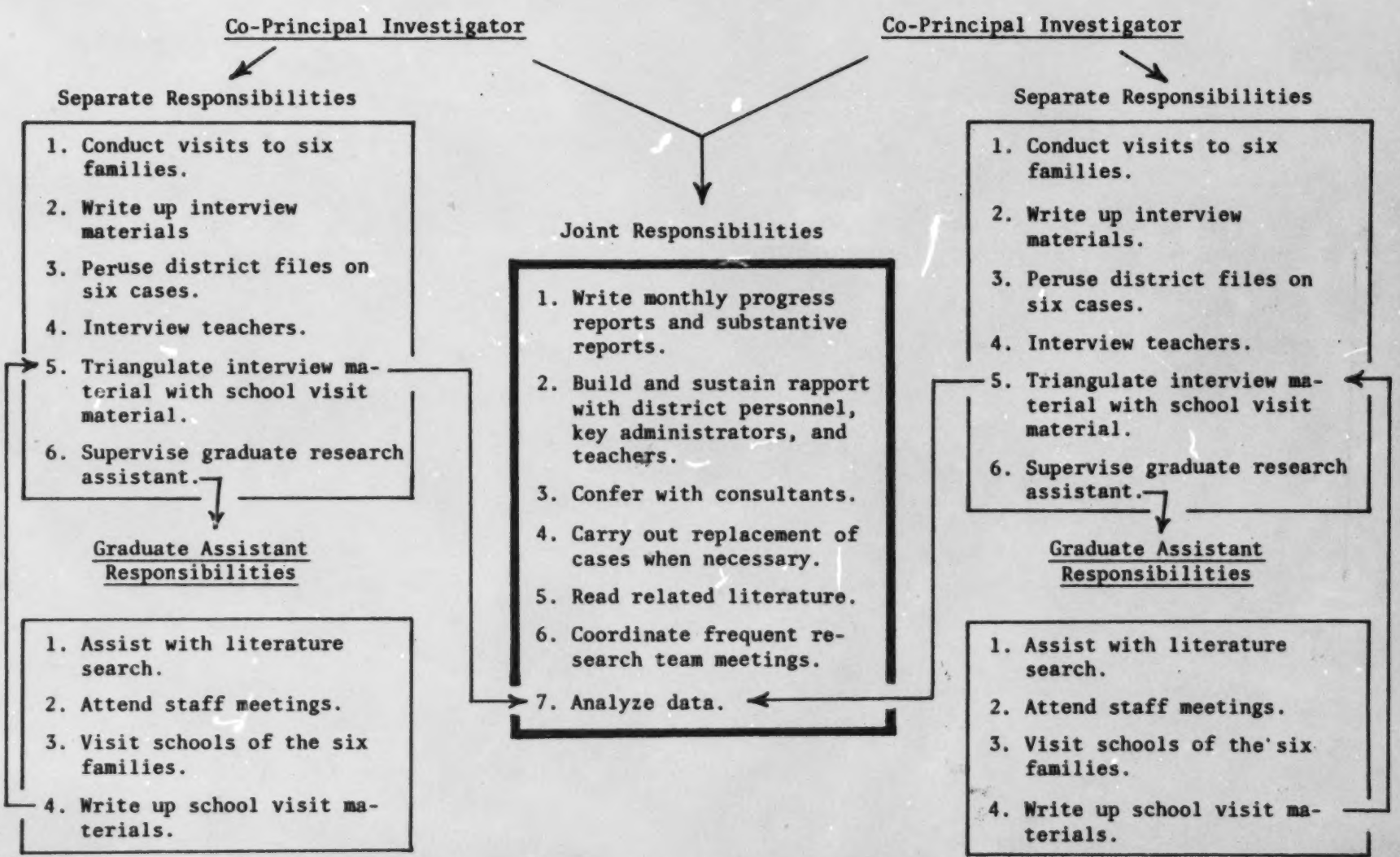
(5) Family Adaptation. Symbolic interactionism is also often used to study patterns of response to crises that threaten family unity (Farber, 1960). Our concern is with the influence of school programs on family adaptations to the child's handicap. Often the first labeling experience to which the family must respond is the diagnosis by school professionals of a learning handicap. The family's adaptation affects the type and degree of family involvement in the child's educational program. One useful theoretical model was developed in a study of cerebral palsied children. According to the "Principle of Minimal Adaptation," family members change their role patterns only as much as they feel compelled to. Each of six stages involves a more complete set of role changes than the preceding one, and the family does not move to the next stage unless it feels forced to (Farber, 1976). Another suggestive model, a theory of parental "entrepreneurship," has emerged from a study of family adaptations to children with birth defects. In this formulation the emphasis is on the family's response to negative reactions to the child by representatives of society (Darling, 1979:Chs. 1, 2, 7).

(c) The Research Staff

(1) Composition and Structure of the Staff. Again this year the staff plan was for two principal investigators and two graduate assistants. The principal investigators have had reduced time from teaching during the academic year and compensation for full-time research during two summer months of 1980. Each has interviewed and observed in the homes of six of the children, interviewed key teachers and administrators of the same cases, and supervised a graduate assistant's observations and interviews at school for those six cases. The division of labor is portrayed in Figure 2. The two graduate assistants from last year continued, but one resigned between semesters, to have her cases divided between two new assistants. Weekly staff meetings were held during the academic year to discuss field problems, to coordinate the work of the two teams, and to share the interpretation of accumulating data.

FIGURE 2

MANAGEMENT CHART


Co-Principal Investigator
Co-Principal Investigator
Separate Responsibilities
Separate Responsibilities
1. Conduct visits to six families.
2. Write up interview materials
3. Peruse district files on six cases.
4. Interview teachers.
5. Triangulate interview material with school visit material.
6. Supervise graduate research assistant.
Joint Responsibilities
1. Write monthly progress reports and substantive reports.
2. Build and sustain rapport with district personnel, key administrators, and teachers.
3. Confer with consultants.
4. Carry out replacement of cases when necessary.
5. Read related literature.
6. Coordinate frequent research team meetings.
7. Analyze data.
1. Conduct visits to six families.
2. Write up interview materials.
3. Peruse district files on six cases.
4. Interview teachers.
5. Triangulate interview material with school visit material.
6. Supervise graduate research assistant.
Graduate Assistant Responsibilities
Graduate Assistant Responsibilities
1. Assist with literature search.
2. Attend staff meetings.
3. Visit schools of the six families.
4. Write up school visit materials.
1. Assist with literature search.
2. Attend staff meetings.
3. Visit schools of the six families.
4. Write up school visit materials.

(2) Use of Consultants. Two of the consultants who assisted last year have been utilized upon occasion again this year, and one new one. All three are members of the faculty of the Department of Specialized Educational Development at Illinois State University.

(d) Field Reentry: School District Level. It was necessary to notify the District Director of Special Education when it was time to begin contacts in the schools in September. The schools concerned were designated, and a request made that the Director give notice of the project to the principals of schools not involved during the baseline year. The Director cooperated with this request.

(e) The Case Sample

(1) Size and School Level of Sample. The sample selected during the baseline year consisted of 12 cases, five boys and 7 girls. All were in elementary school, 8 in the primary and four in the intermediate (fourth through sixth) grades. This year three of the intermediates transferred to junior high school.

(2) Sampling Operations. The sample was chosen in December 1978 from the October 1, 1978 "master count" of 575 children receiving special education in the District. It was stratified (non-proportionately) by type of handicap and grade level (primary or intermediate), and random selections were made by using a table of random numbers. Although sampling error estimates are ruled out by the small size of the sample, selections by probability seemed preferable to the alternatives, especially to having the cases designated by the District Director. The sampling operations are described in more detail on pp. 13-16 and 23-25 of the Revised Annual Report, Baseline Data Year, August 1979.

(3) Strategy for Loss of Cases. Only one of the two rules adopted to minimize loss and to maintain the stratified, random character of the sample has had to be invoked.

a. One girl was mainstreamed this year, having been in an EMH kindergarten class before. Following the rule that any case of mainstreaming would be continued for at least another year, this girl was followed to a regular first grade in a different school this year. (Next year she will have moved out of state, and arrangements have been made to keep in touch with her parents as well as possible.)

b. Cases definitely lost were to be replaced by new stratified, random selections. Actually, a reserve list of such selections was prepared at the time of the original sampling, but this year it was unnecessary to use it. The same 12 cases have comprised the working sample during both years of the study.

(f) Field Reentry: Family and School Level

(1) The Child and Family. No new families had to be initiated into the study during the second year. Contacts with the 12 families were renewed in the fall of 1979 either by telephone or by unscheduled visits. Although permissions forms signed by the families

during the baseline year cover continuing participation, some of the parents asked for a brief review of the objectives of the study. Some had learned to value the opportunity to discuss the child's school problems, and some apparently still expected that the study would enable their child to "get all the help s/he can get."

At the end of the school year it became evident that in one case parental participation in the study had been withdrawn, although not explicitly. The parents concerned had separated, and the father (living at home) would not return telephone calls or keep appointments. The boy's case is interesting and informative, and valuable data on him have continued to be available at school and from the boy himself. A decision was finally made to continue the observations of Kirk (his pseudonym) at school, but not to jeopardize parental permission for these observations by continuing the futile efforts to talk with his parents.

(2) Reentry into the Schools. Considerable time and effort were required to gain entry into the schools again after the summer break. Even reentering the 6 schools of the 7 children who remained in the same schools was not a simple process. Nearly all of the teachers of these 7 were new to the children and the study (Table 1). One of the two principal investigators had to talk with the key administrators and teachers of each child, provide copies of brief descriptions of the project, and introduce one of the observers. It was sometimes difficult to get the busy teacher to distinguish the study from the many teacher-training projects in the schools, and to realize that observations of the children in the study were continuing from last year.

Initial entry had to be negotiated with the principals of the five children who had moved to different schools from those they attended during the baseline year (Table 1), and for this the continuing support of the District Director of Special Education was most helpful. Negotiations were especially time-consuming for the three children who transferred from elementary to junior high schools, where the typical student has a complex schedule, with numerous classrooms and teachers. Observer frustration was especially marked in the early weeks, when a visit to a junior high school often produced more frustrating surprises than opportunities to observe or interview.

(g) Data-Gathering Procedures

(1) Home Interviews and Observations. Interviews at home have been held as needed at irregular intervals, with one or both parents--sometimes including the handicapped child, one or more siblings, or other persons. Interviews have been semi-structured, usually focused on key questions about the child's school experiences, and lasting an average of about an hour. The format for responses has been open-ended, so the parents and other family members can define matters in their own terms and emphasize what is important to them. All relevant observations made during the interview visits have been recorded fully as integral parts of the reports. This year a major priority in the home visits has been the process and outcomes of the decision-making in the "staffings"--the Individualized Educational Program (IEP) planning conferences.

TABLE 1

CHANGES IN SCHOOLS AND TEACHERS FOR THE 12 CASES: FALL 1979

	Pseudonym of Child	Whether New School or Not*	Whether New Teacher(s) or Not
1.	Mary H.	New	New teacher
2.	Kenneth N.	New (Junior High)	All new teachers
3.	Robin L.	Same	New teacher Same speech therapist
4.	Vern C.	Same	New teachers, same speech therapist
5.	Ian S.	Same	New regular teacher, Same LD teacher
6.	Kirk I.	New (Junior High)	All new teachers
7.	Vicki R.	Same	New teacher, same speech therapist
8.	Craig O.	Same	New teacher
9.	Norman T.	New	New teacher, new speech therapist
10.	Tracy E.	Same	New regular teacher, new LD teacher, same speech therapist
11.	Lyle M.	Same	New regular teacher, same speech therapist
12.	Elena P.	New (Junior High, special program)	All new teachers

*Eight of the children are in the primary grades. Robin L. (age 12) is still in the special TMH school, in the program designated as "intermediate."

(2) Observations and Interviews at School. Each child has been observed at school by a graduate assistant every five weeks or so during the academic year. Observers deliberately have visited the various settings of a given child's school day. Major attention has been devoted to the child's main classroom and to special education settings; but visits have also been made to other classrooms, lunchrooms, playgrounds, and bus stops. As participant observers, the graduate assistants have attempted to be as unobtrusive and as flexible and diplomatic as possible.

The major foci of the school visits have been learning problems and progress, patterns of interaction with others, the child's style of managing the stigma and other problems of the handicap, and the child's concept of self. Observation has been the chief responsibility, but the assistants have also recorded spontaneous interviews and all relevant comments by teachers, other professionals, the child under study, and other children at school. All matters of doubtful relevance have been noted and written up in the case reports.

Interviews with key teachers and administrators have been conducted by the principal investigators, especially at the beginning and the end of the school year, and at the time of a child's IEP planning conference. This year one investigator attended three of these "staffings." Interviews with teachers and administrators have focused on the child's academic and personal progress, the perception of the child and family, and professional judgments of the decision on program placement.

(3) Use of District Records. District files on the 12 children include IEP statements, test scores, psychological evaluations, professional recommendations for program placement, program changes over time, and recorded progress. When agreeing to join the study, parents signed forms permitting the researchers to have access to the child's district file.

(4) Triangulation. Comparing data obtained by different methods has been an ongoing activity, for example at weekly staff meetings, as well as in the analysis of data at the end of the research year. Interpretations of recorded data have been facilitated by interviews with regular classroom teachers, special education teachers, and other school professionals. Comparing school observations and home visits with interviews with the school professionals has helped greatly to provide a coherent view of the handicapped child's behavior and progress. Triangulation does more than provide crucial checks on the validity of the data; it facilitates the pursuit of data with which to identify contradictions, fill gaps, clarify continuities or sudden changes, or to show cause-and-effect relationships.

(h) Analysis and Interpretation of Data

(1) Completing the Case Files. For each case the duplicate file kept by the research assistant was checked against the principal investigator's file to be sure that no field report was missing. Field reports, of all interviews and observations, were then put in chronological order and numbered.

(2) Coding the Field Reports. The coding categories established last year for 31 variables were used again this year (see Appendix). Each principal investigator coded the other's 6 case files of field reports. Entries in the margins of the pages of the field reports indicated the number assigned to the variable, the letter representing the appropriate coding category, the field report number, and the page. In cases of uncertainty about the category, adjacent ones often were included (e.g., "a or b"). These multiple codings, and all question marks, were included when the data were transcribed to worksheets.

Reliability estimates were made for a probability sample of two reports from each child's file--one for a home visit and one for a school observation--roughly one-seventh of all the field reports. The sampled reports were coded by the investigator who had not done them before, and the results compared with the original coding. Reliability was checked at two levels: the designation of a particular reference in the report as evidence on a given variable, and the assignment of a given category (usually a rank) for that variable. Agreement on the latter was high, 100% for many of the reports and never below 90%. Agreement on the relevance of a variable ranged from very low to very high, averaging about 60% for items coded in all the reports. When reading a particular item it was difficult to keep all 31 variables in mind and to note all the relevant ones, although the adoption of detailed instructions would no doubt have increased the agreement. There is some overlapping among the variables, and sometimes one coder invoked part of a cluster while the other identified closely related variables.

Although lower than preferred, the level of agreement on relevance of particular variables was accepted, with the understanding that references back to the field reports would be frequent during the analysis, and that entire sections would often be reread. Also, it was understood that numerical tabulations and cross-tabulations would be rare, and would be preceded by special checks for full inclusion of relevant material. Finally, on the two reports used for reliability checking in each case file, variables added by the second coder were noted in a special color. These added codings were transcribed, in their special color, to the worksheets for ready reference.

(3) Transcription to a Worksheet. All coded data were transcribed to data-placement worksheets (in accounting workpads). As soon as the two assistants completed the transcription of the reports in a given case file, a complete check of the transcription was made by reading back all data from the worksheets to the file reports. The columns of code indicators provide case-by-case summaries of coded categories for all variables, a visual means of facilitating the triangulation of data for a case, and for comparisons of cases with each other. The worksheet can thus greatly facilitate the discovery of orderly patterns in what may otherwise seem an incoherent mass of data. Also, the columns of transcribed codings can be used for tabulations. Finally, the columns of data provide a ready means for referring back to the individual case files, a frequent need in the analysis and interpretation of field data.

(4) Testing Hypotheses and Generalizing. The aims in the analysis of the data have been: to see how well the tentative conclusions of the baseline year receive continuing support, to test ideas newly emerging from the data about parental participation and other major provisions of the law, and to achieve as much longitudinal perspective as possible on the impact of the law on these cases. Again this year, field data have been summarized in relation to four of the six key concerns of PL 94-142: IEPs, Least Restrictive Environment, Protection in Evaluation Procedures, and Parental Involvement--and the five sociological perspectives guiding the research (see 2.b, above). Although no new theoretical models have emerged, significant progress has been made this year in making use of the initial theoretical perspectives.

3. Results

(a) Characteristics of the 12 Cases

(1) Types of Handicap, School Level, and Sex. Table 2 shows both the major and secondary classifications of the handicaps of the 12 children during 1979-80. Although the children are the same 12 that were studied the previous year, the sample is slightly less representative (than it was in 1978-79) of the proportions of the different types of handicaps in the district. This is because Mary was mainstreamed, changing her major classification from EMH to None; while Tracy's major classification of LD was new this year, demoting Speech to her secondary classification. No other changes in classification were made.

The transfer of three of the children to junior high schools this year left only one at the intermediate level, and the remaining 8 have been in the primary grades. From the pseudonyms in Table 2 it is apparent that five of the children in the continuing sample are girls and 7 are boys.

(2) Social Class. No changes have been made in the social class positions to which the families are assigned, which means that two families are classified as upper middle, five as lower middle, three as working, and two as lower class. One family is black, one Puerto Rican, and the others Anglo. One family has been on welfare during both years of the study; two have been living in publicly subsidized housing projects. The range of occupations is wide, including: office clerk, fireman, hairdresser, road construction worker, factory worker, factory foreman, excavating contractor, cafeteria worker, public school teacher, university professor, co-owner of a printing business, military recruiter, and unemployed trucker. The social class designations appear in Table 2.

(3) Apparent Severity of Case. At the end of the 1978-79 academic year, and again for 1979-80, the principal investigators ranked the severity of the 12 cases on a 5-point scale ranging from "mild" to "severe." Each classified his/her own cases, then conferred with the other. All data accumulated during the year on the child's learning problems and progress were used, but the ratings represent chiefly a kind of composite of the evaluations by teachers, other school professionals, and the child's parents. Again this year, as Table 3 shows, the researchers' ratings of severity ranged from "mild" to "severe."

Surprisingly, Table 3 indicates that only half of the cases have been rated as having been equally serious during both years of the study. Mary, the only one judged more serious now, was not able to cope with the expectations in a regular first grade, and the frustrations felt by teachers, parents and child have mounted. Mainstreaming, for her, has been disastrous. The cases of Vern, Ian, Kirk, Vicki, and Elena have all been classed as less severe than they were a year ago. These five have all had the benefit during 1979-80 of specialized programs apparently well suited to their needs. Vern, Kirk, and Vicki have had much attention from devoted special teachers. Elena has no

TABLE 2

TYPE OF HANDICAP, SCHOOL LEVEL, AND SOCIAL CLASS OF THE 12 CASES: 1979-80

Pseudonym of Child	Major Classification*	Secondary Classification	School Level	Social Class
1. Mary H.	None*	None	Primary	Lower Middle
2. Kenneth N.	Educable Mentally Handicapped	None	Junior High	Lower
3. Robin L.	Trainable Mentally Handicapped	Speech	Inter-mediate	Lower Middle
4. Vern C.	Learning Disability	Speech	Primary	Lower
5. Ian S.	Learning Disability	None	Primary	Working
6. Kirk I.	Learning Disability	Behavior Disorder	Junior High	Lower Middle
7. Vicki R.	Behavior Disability	Speech	Primary	Working
8. Craig O.	Speech	None	Primary	Upper Middle
9. Norman T.	Speech	None	Primary	Upper Middle
10. Tracy E.	Learning Disability*	Speech	Primary	Lower Middle
11. Lyle M.	Speech	None	Primary	Lower Middle
12. Elena P.	Physically Handicapped (Hearing-Impaired)	None	Junior High	Working

*In 1978-79 Mary was classed as EMH, and Tracy as Speech only; the other 10 had identical classifications both years.

TABLE 3

CHANGES IN APPARENT SEVERITY OF THE CASES FROM 1978-79 to 1979-80

Pseudonym* of Child	Type of Handicap** 1979-80***	Apparent Severity 1978-79	Apparent Severity 1979-80
1. Mary H.	None	Mild to Moderate	Moderate to Severe
2. Kenneth N.	EMH	Moderate to Severe	Moderate to Severe
3. Robin L.	TMH-Sp****	Severe	Severe
4. Vern C.	LD-Sp	Moderate to Severe	Moderate
5. Ian S.	LD	Moderate	Mild to Moderate
6. Kirk I.	LD-BD	Moderate to Severe	Mild to Moderate
7. Vicki R.	BD-Sp	Severe	Moderate
8. Craig O.	Sp	Mild	Mild
9. Norman T.	Sp	Mild	Mild
10. Tracy E.	LD-Sp	Moderate to Severe	Moderate to Severe
11. Lyle M.	Sp	Mild to Moderate	Mild to Moderate
12. Elena P.	PH	Severe	Moderate to Severe

*The underlining denotes the cases with changes in level of severity of the handicapping condition.

**EMH = Educable Mentally Handicapped
TMH = Trainable Mentally Handicapped
LD = Learning Disability
BD = Behavior Disorder
Sp = Speech
PH = Physical Handicap

***In 1978-79 Mary was classed as EMH, and Tracy as Speech only; the other 10 had identical classifications both years.

****Secondary classification is indicated after the hyphen.

doubt done better this year because her hearing aid has been working! On the whole, for the 6 whose handicaps appear to have remained about equally severe during the two years, special education has been very helpful. Information bearing on the severity of the handicaps, and on individual experiences in special education, is emphasized below in brief profiles of developments in the 12 cases this past year.

This year the association between social class and severity of the handicap is somewhat smaller, and even less linear, than it was last year. Even so, four of the five "mild" or "mild to moderate" cases are in middle class families. The only two "mild" cases are in the only two upper middle class families in the study. Four of the "moderate" or more severe cases are in working or lower class families, but three such cases (including the only "severe" case now) are lower middle class.

(4) Change to More or Less Restrictive Program Since 1978-79. Both Tables 4 and 5 must be examined in order to understand the changes in the restrictiveness of the child's program made in the fall of 1979. The 9 children whose names appear on the diagonal line in Table 4 all would appear to have had little or no change in classroom situation, a correct interpretation except for Tracy, as explained below. Robin and Vicki have remained in the same programs in their special schools. Norman, Lyle, and Craig have continued to receive speech therapy, while Ian has continued with LD resource room sessions and otherwise has been in a regular second-grade classroom. Kenneth has had two EMH teachers this year; otherwise his junior high situation has been very similar to his EMH instructional room in elementary school. Elena's time in junior high is predominantly in a program designed both for the hearing-impaired and the deaf, as compared with her elementary school instructional room for the hearing-impaired only.

As both Tables 4 and 5 show, Mary is the only one of the children who moved to a less restrictive program last fall. From an EMH-LD kindergarten in 1978-79 she was mainstreamed into a regular first-grade classroom. This removal from special education was controversial, dramatic, and complete. There was no transition plan for this move; no IEP was written in the spring of 1979 because Mary was leaving special educational programming. The family was unable to provide the professional tutoring for the summer that was suggested at the planning conference. No provision was made for the district to support such suggested summer help.

Of the three children whose programs have been more restrictive than in 1978-79, Tracy is the only one with a new classification. From Table 2 it would appear that there was no change in the degree of restrictiveness of her program, but Table 3 indicates that she received a new major classification--LD. She has spent part of her time in an LD resource room, and she has attended speech therapy sessions; but she has predominantly been in a regular second-grade room. Vern and Kirk still have had the same formal classifications as in 1978-79, but have been in more restrictive placements this year. Vern moved from LD resource room help to spending the majority of his time in an LD instructional room. Kirk moved from some help in an LD-BD resource room in sixth grade to spending a considerable amount of time in an LD-BD instructional room.

TABLE 4

FALL 1979 SCHOOL STATUS BY 1978-79 SCHOOL STATUS

1978-79 School Status	Fall 1979 School Status				
	Special School	Separate Class Entirely	Separate Class Predominantly	Regular Class Predominantly	Regular Class Entirely
Special School	Robin, Vicki				
Separate class entirely					Mary
Separate class predominantly			Elena, Kenneth		
Regular class predominantly			Vern, Kirk	Craig Norman, Ian, Lyle, Tracy*	
Regular class entirely					

*We consider Tracy to be in a somewhat more restrictive environment than last year, in spite of the impression this Table gives. She still spends most of her time in a regular classroom setting, but her new classification of Learning Disabled gives her several hours per week in an LD resource room, in addition to the speech therapy help that continues from last year.

TABLE 5

CHANGES IN CLASSIFICATION AND PROGRAM OF THE 12 CASES: FALL 1979

Pseudonym of Child	Classification of Handicap(s)* 1978-79	1979-80	Change to More or Less Restrictive Program in 1979-80 School Year
1. Mary H.	EMH	None	Less
2. Kenneth N.	EMH	EMH	Same
3. Robin L.	TMH-Sp**	TMH-Sp**	Same
4. Vern C.	LD-Sp	LD-Sp	More
5. Ian S.	LD	LD	Same
6. Kirk I.	LD-BD	LD-BD	More
7. Vicki R.	BD-Sp	BD-Sp	Same
8. Craig O.	Sp	Sp	Same
9. Norman T.	Sp	Sp	Same
10. Tracy E.	Sp	LD-Sp	More
11. Lyle M.	Sp	Sp	Same
12. Elena P.	PH***	PH***	Same****

*EMH = Educable Mentally Handicapped
TMH = Trainable Mentally Handicapped
LD = Learning Disability
BD = Behavior Disorder
Sp = Speech
PH = Physical Handicap

**Secondary classification is indicated after the hyphen.

***Hearing-Impaired

****From a sixth grade instructional room for the hearing impaired to a junior high program for the hearing-impaired and deaf. The amount of time spent in regular classrooms (several hours per day) is approximately the same in both programs.

Longitudinal perspective begins to emerge when these program changes for 1979-80 are compared with those made a year earlier, and with those a year later. In 8 of the cases there was no significant change in the fall of 1978 in the character of the child's program. Thus, for two straight years there have been no changes in the degree of restrictiveness of the programs of two-thirds of the children in the study. In four cases the change in 1978 was somewhat in the more restrictive direction, three being new speech cases and one a shift from a Title I program to an LD resource room. Over the two years there has been only one instance of mainstreaming; in fact, only one instance of a change in the direction of less restrictiveness.

Some of the program changes for the fall of 1980 are tentative; one decision (Vicki's) has been postponed, and in effect another (Mary's) has been also. However, it appears most likely again that 7 or 8 will experience no change in program from this past year. Possibly four or five (Vern, Ian, Kirk, Vicki, and Craig) will have a little less restrictive program in the fall, with Craig and Kirk the best candidates for full mainstreaming sometime during 1980-81. Tracy may receive more LD help, thus moving her again in the more restrictive direction. Mary, after moving to California, may well be placed in a restrictive program. In short, for a third straight year (1980-81) it appears that very little mainstreaming is likely, that program changes both in the more and less restrictive directions will be made only after careful consideration, and that about two-thirds of the children in the study will probably remain in the same programs they were in during the previous year.

For the fall of 1979 there was a relationship between program changes and severity of the handicap. All three of those moving to more restrictive settings were then judged "moderate to severe," while mainstreaming seemed suitable to Mary's (then) rating of "mild to moderate." However, no relationship was found between severity and change in restrictiveness of the program for the fall of 1978, and for the fall of 1980 the association is small at best. It does appear that a change toward greater severity increases the chances of a change to a more restrictive learning environment, and vice-versa.

(b) Case Profiles: Changes in Programs and in Severity in 1979-80. Brief case-by-case summaries of the program changes for 1979-80, and changes during the year in the severity of the learning handicap, are presented here. The cases are listed in the same order as they are in the tables. Both the first names and the initials for surnames are fictitious. References to the pseudonyms are frequent in the remainder of the report, for ready reference back to these case profiles. The age references pertain to the end of the 1979-80 school year.

(1) Mary H.: Mainstreamed into a regular first grade after almost two years in a self-contained EMH-LD kindergarten ("transitional") classroom in a different school, age 7 (nearly 8), girl. At the time she was removed from regular kindergarten and placed in the "transitional" program she was tested and found to be "high EMH." Her special education kindergarten teacher was pleased with Mary's progress, and in Spring 1979 gave Mary achievement tests. Mary was found to be

at "grade level" and therefore ready for first-grade work (after almost two years in the special kindergarten). The teacher recommended that Mary be mainstreamed. At that time (Spring IEP conference, 1979) Mary's handicaps seemed only "mild to moderate." Yet the teacher predicted to the researcher that, "Mary will always be at the bottom of her class." Besides using the data from the achievement tests, this teacher was also apparently acting on the interpretation of PL 94-142 that a child cannot be kept in special education against the wishes of the parents. Mary's mother had sent a note to this teacher (in place of attending a conference) demanding that Mary be removed from special education and returned to her neighborhood school. There was no transition plan, and no IEP was written a year ago because Mary was leaving special education programming. In the fall Mary's mother refused permission for speech therapy, saying, "Mary never needed any special education; she is not dumb, and she is the last child I can think of who needs speech help." During this school year Mary has made little learning progress, and both she and her parents have become very frustrated. Desperate, as they prepare to move to a military base in California, Mrs. H. now believes Mary needs a lot of special help of some kind. Mary's case is now rated "moderate to severe."

(2) Kenneth N.: EMH, in a self-contained instructional room most of the day (as he has been throughout most of his schooling), age 12, 7th grade, boy. The only black in the study, Kenneth lives with his parents and 6 siblings in a public housing unit. This year he has had two core EMH teachers, and the group of 14 seventh graders is admittedly too large, especially since the two teachers also have eighth graders. He has made progress in reading, but less in arithmetic and he has been a major behavior problem in that teacher's room—his "home room." He has gotten into fights on the playground, been ejected from the lunchroom, stolen a bicycle at school, and has been suspended for a few days more than once. It is unclear how much of his deviance is a reaction to the control measures in his home room and to the lack of enough individual help and attention, and how much to specific learning difficulties, the stigma of EMH, family tensions, his being a black in a largely white school, or to other factors. Clearly, however, Kenneth has experienced major problems of adjustment during his first year in junior high school. His stepfather, heretofore inclined to say that Kenneth is "a little slow" and to be grateful "for all the special help he gets," has begun to wonder why the boy is able to read only at the first-grade level. He had not understood that children in EMH classes are not expected eventually to achieve at normal levels, and now seems shocked to realize that Kenneth has not been "catching up." Kenneth's handicap continues to be rated as "moderate to severe."

(3) Robin L.: TMH (Intermediate), age 12 and 1/2, girl. Robin is mentally retarded, with physical complications, including a damaged ear drum. She also receives speech therapy. A ward of the state, in foster care until age 18, Robin is bused to a special TMH school provided by the district. Since 1975 Robin has been in the TMH facility, and with the same foster family, where the parents have two children of their own and some other severely handicapped foster children. The foster mother has tried very hard to get Robin transferred to an EMH instructional classroom in a regular school, to give her a chance at a least restrictive environment; but in December 1979 she accepted

the recommendation of a special planning conference against the move. Robin has been a "star" in her TMH setting, and an outspoken, self-appointed, domineering leader. Her teachers think she would have problems of social as well as academic adjustment in an EMH environment. The rating of her handicaps is still "severe."

(4) Vern C.: LD (with a secondary classification of Speech), age 8, boy. After two years in the same first-grade room with LD resource room help, Vern seemed to need more individual help and attention. This year he was predominantly in an LD instructional room, where he thrived on the additional help and made considerable progress. He has profited from a tutoring program in the public housing project where the (still unemployed) family lives. He has seemed more enthusiastic about school work, more active in peer interaction, and less hampered by problems of physical coordination. After two "cosmetic" operations on the nearly-blind eye, he sees fairly well with the other eye without glasses. His self-confidence seems to have improved considerably. Rated as a "moderate to severe" case a year ago, he is now judged to be "moderate."

(5) Ian S.: LD, second year of resource room help, age 8, second grade, boy. Again this year Ian has been in a regular classroom (repeating second grade) in a parochial school, but attending LD sessions for half an hour a day at the nearby public school. Mrs. S. has been a strong advocate for Ian's rights and also for those of his younger brother, who is much more severely handicapped. The parents help with reading and arithmetic; they hire summer tutors when they can; and they wonder why Ian learns slowly. This year Ian has had an especially patient LD teacher. Teachers and parents alike feel that requiring Ian to repeat second grade caused considerable loss in self-esteem for the boy. He will be promoted to third grade despite his being well below grade level at this time. The LD teacher has about concluded that Ian's learning blocks are due more to emotional problems than to learning disabilities, and that he can do all right with less LD help next year. The parents apparently accept this new diagnosis of Ian's difficulties. A year ago Ian's LD problems seemed of "moderate" severity; now they seem "mild to moderate."

(6) Kirk I.: LD (with a secondary classification of BD), age 13 and large for his age, 7th grade, boy. After spending part of the day in LD-BD resource rooms throughout his elementary school years, he still had occasional tantrums when in the sixth grade, was distractable, lack self-confidence, and often just gave up on his school work. A year ago his handicaps seemed "moderate to severe." Over a year ago his LD teacher convinced him he is "not a dummy," and she concluded he had been a BD case rather than LD. She recommended an instructional LD-BD room in junior high, even though it was a change in a more restrictive direction, to give him time to adjust to junior high. This was adopted, along with her further recommendation that he be gradually mainstreamed. When he arrived at junior high in the fall he was mainstreamed by mistake. When this was suddenly corrected he apparently was sensitive about it, but he began trying to convince the LD instructional room teacher that he should be mainstreamed. She kept him in the self-contained room for some subjects, and believes he benefitted from special help, especially in mathematics. His progress in other classrooms has

been of variable quality. He has been sociable, and seems to feel much better about himself. Thus the severity of his handicap is now judged to be only "mild to moderate."

(7) Vicki R.: BD (with a secondary classification of Speech), in a primary level, self-contained classroom in a special BD school, age 9, girl. A year ago she was rated as having "severe" handicaps because her academic progress was so far behind grade level, because of lack of application to school tasks, tantrums and other deviant behaviors, and constant conflict with her mother. Although Vicki continues to need a great deal of attention and reassurance, the kind of support apparently lacking at home, she has been much more calm during 1979-80 and has made considerable progress. At the spring IEP planning conference the possibility of transfering Vicki from the special school to an appropriate program in a regular school was broached, and another "staffing" scheduled to decide about this at the end of the summer. Vicki's handicaps now appear to be of "moderate" severity.

(8) Craig O.: Speech, in third of year of therapy, age 7, second grade, boy. Following the IEP decision of the previous Spring, his therapy was discontinued in the early fall of 1979. However two months into the school year he was retested and included again. He will be retested again in the fall of 1980. He volunteers information and participates enthusiastically in class discussions, although he seems careless about much of his written work. His speech causes no problems in reading or in school work in general, and his speech difficulties continue to be rated "mild."

(9) Norman T.: Speech, age 7 and 1/2, second grade, boy. Both years Norman's speech problems have been rated "mild," and his teachers and mother think of him as being very normal. An older sister also has a mild speech problem. Mrs. T. thinks an ear infection in infancy and early childhood may have hindered Norman's acquisition of speech. Norman continues to be responsive, fairly active, but rather self-contained and quiet.

(10) Tracy E.: LD (with secondary classification of Speech), second grade, age 8, girl. During 1978-79 Tracy had speech problems and other undiagnosed learning handicaps that seemed "moderate to severe." Mrs. E.'s successful struggle at the end of the 1978-79 year to get Tracy retested and classified as an LD case prevailed over the option of holding her back in the first grade, and this year she has had some help each day in an LD resource room. Her academic progress has not been very good, and the recommendation adopted for next year is to give her more time in the LD resource room. Tracy still appears to have handicaps that are "moderate to severe."

(11) Lyle M.: Speech, second year of therapy, age 7, first grade, boy. Lyle's two older sisters have no speech problems, but he mispronounces several sounds and loses control of his tongue when he gets excited. He still takes speech therapy as a very matter-of-fact thing, but has shown occasional signs this year of becoming sensitive to having his speech errors corrected by his peers. He seems more calm in his first-grade work than he often was in kindergarten, although he

remains highly active, physical, and often aggressive. He has done excellent academic work this year. He will evidently need speech therapy for some time to come, and his speech problems continue to be rated as "mild to moderate."

(12) Elena P.: PH, predominantly in a self-contained instructional room for the hearing-impaired and deaf, age 12, 7th grade, girl. A year ago Elena's hearing handicap was rated "severe," but at about that time her hearing aid was repaired (or replaced) and apparently it has worked much better this year. In classrooms she apparently misses some of what is said, but she often answers the regular teachers directly without having paid attention to the accompanying sign language provided by a special teacher off to the side of the room. Although in daily touch with deaf students this year, she has not learned the sign language at all well, still preferring to try to be as normal as possible. She interacts much more with the other hearing-impaired than with the deaf students. She wanted to be mainstreamed into a regular junior high this year, and still expresses some dislike for the special program and school she is in. The hearing-impaired and deaf students interact very little with their non-handicapped peers, even though these students share some classes and lunchtime together. Elena appeared to have had a number of non-handicapped friends in her previous school, who, of course, moved on to the regular junior high. Although Elena's academic achievements have not been as good as expected this year, her work habits have continued to be effective and her progress satisfactory. Her learning handicap is now rated "moderate to severe."

(c) Data on Problems in Four Major Areas of Concern in PL 94-142. There is again much overlapping of the case material as it relates to four basic provisions of PL 94-142: Individualized Educational Programs (IEPs), Least Restrictive Environment (LRE), Protection in Evaluation Procedures (PEPs), and Parental Involvement (PI). Two other basic provisions have evidently affected the school district, but we have no direct data on these influences in our cases. It appears that the Zero Reject provision has been at work, because the variety of programs established in the district includes facilities for the severely retarded and the profoundly (multiply) handicapped. A sixth key provision is Due Process (DP), the procedural safeguards for PI. The district has machinery for DP hearings, and it has been used. Some of the parents in the study have become active advocates for their children's educational rights, and some have had apparent grounds for a DP appeal, but so far none has filed for one.

(1) Individualized Educational Programs. All family and teacher interviews were coded for indicators of the degree of parental satisfaction or dissatisfaction with the program placement decisions. The parents of children in the sample with the more severe handicaps were only a little more likely than those of less severe ones to be critical of program placements. Middle class parents were a little less likely to be critical of program placements than were working and lower class parents; but when they were critical the middle class families were more likely to take action. Parents of handicapped girls were a little more likely than those of boys to be critical of program placements.

Although only two cases are discussed at this point to illuminate some key IEP issues, the subsequent treatments of problems of LRE, PEP, and PI also bring into play the pervasive, central concerns of the IEP process. It will be seen that the cases of Mary, Robin, Tracy, Elena, and Ian--all discussed below in relation to LRE, PEP, and PI--involve critical IEP problems. So do the cases of Vicki and Kenneth, discussed later on. The cases of Vern and Kirk are presented here to highlight the difficulties in determining IEPs, and in implementing the programs adopted.

a. Vern C.: During 1978-79 Vern's progress was too slow. He lacked confidence and was performing well below grade level, although his intelligence is within the normal range. His problems of perception (including reversals), of bodily coordination, and speech were not responding to LD resource room help. Thus the decision was made to place Vern in a self-contained LD instructional room for one-half or more of his time, and to promote him to second grade.

Vern has responded to the extra LD help. He appears to have made the most dramatic improvements of any of the 12 children in the study this past year. The passive, slow-moving, silent little boy of last year has become a smiling, talkative, assertive lad who frequently participates in class and rushes to be first in line. One day his speech therapist said to herself in surprise, "Why, Vern is talking!" He completes much more of his school work than he did last year, rather than giving up on it so often. His academic progress has been considerable, although he is still half a year behind grade level in arithmetic and nearly a year behind in reading. Much of the progress he has made in reading seems due to a tutoring program after school at his housing project. His father proudly displays the medal Vern got for high attendance at these sessions, and his mother said:

> He brings books home that he wants to finish and he reads them much better than he did last year. We have a set of children's encyclopedias and both he and R____ look up words they don't know. The other day when we were waiting in the eye clinic, he read three books to me.

In the late spring of 1980 Vern had two eye operations to correct the direction of his "lazy eye," in which he is nearly blind. During those weeks the family also assumed custody of two of Vern's cousins, and there seemed to be much confusion, television, and lost sleep. He became short-tempered and "dead tired" for a time, and his teachers became inclined more than ever to blame his learning problems on his home conditions. Vern coped with these difficult weeks rather well, and finished the school year with more learning progress.

Next year Vern will have the same LD instructional room teacher and the same speech therapist he has had this year. His LD teacher believes his LD time can safely be reduced from about one-half to one-third of Vern's day, and that he will then do well in the third grade. The earlier LD resource room evidently had not been restrictive enough for Vern, and the EMH program his mother tried to get him into a year ago

would have been too restrictive. The decisions made at the IEP planning conferences for the past two years seem to epitomize the potential of the principles of IEP and LRE.

b. Kirk I.: According to the decisions made at the previous Spring's IEP conference, Kirk was scheduled to begin junior high in 1979 in a self-contained, LD instructional room for the seventh grade. He was to spend about half his time in this room, in a more restrictive program than the resource room help he had known in elementary school, then gradually be mainstreamed. He was accidentally mainstreamed when school began, then suddenly removed from his classes when the error was discovered, and later placed back into several of the classes by his LD instructional room teacher. This teacher saw Kirk on the verge of tears a number of times during his first weeks with her; he seemed sensitive about his sudden return to the "special education" track and was determined to prove his readiness for regular classroom work. She said she was able to help him, especially in math and in handling frustration, and thus in "staying on task." In her words:

> Not only could I give him more attention, but I isolated him so he could not talk to the others --and he kept busy most of the time... He day-dreams when he is not sitting next to someone he can talk to, and he is distractable ... At first he lost control when he got frustrated, but I dealt with it by telling him that getting angry and giving up on the work doesn't help. I established a good working relationship with him. In fact, I never had to exclude him from class, or take any disciplinary action. He was never a behavior problem, once he understood that I would not accept an immature way of dealing with frustration.

In spite of the sudden turns in his educational program in the fall, Kirk seemed to get along in his classes outside the LD room as well as or better than he did in sixth grade. One of his English teachers said:

> He had to be watched and checked on, and given encouragement by me, in order to get his work done. He was easily distracted, and he had real difficulty in staying on a task. He has a short attention span, but when he gets to work he can certainly handle the tasks.

Kirk's academic work in geography was not very good, but that teacher said:

> Originally, you know, he was a Behavior Disordered child, but he is not now. He wants to socialize all the time--to be noticed--and that gets in his way, but he is not a BD. He is not hostile, and if you can settle him down he can do good work.

The self-contained LD room at Kirk's junior high school does not continue after the seventh grade; after that individualized instruction is no longer available. The maximum LD help for the eighth grade consists of some "designated classes," held in a room called the "LD Resource Room," but where no individual help is available. Kirk is slated in the fall for designated classes in math and English, a change back in the less restrictive direction. His current LD teacher believes Kirk needed the individual help this year, but that he is now ready for the approach built into the system in the eighth grade and in High School. She explained:

> The gradual move toward mainstreaming is right for Kirk from here on. He should be moved out of the LD designated classes next year, especially in math, whenever he is ready for it. He needs support, but I think by the time he gets to High School the "success program" will be about all the support he needs. That program gives them counseling and some support. You see, they have different ability levels in our High School, so they can place the student at the right level for each subject.

It appears that the IEP process has been used as well for Kirk as it has been for Vern during the two years of the study. The special education teachers concerned have shown skill, dedication, and excellent judgment. Just in time, Kirk seems ready for the system-mandated shift in the LRE direction. The turning point in his long LD-BD career apparently came in sixth grade when the LD resource room teacher convinced Kirk he is not "dumb," not LD, and that his problems of self-control are relatively minor. The temporary move this year in the more restrictive direction seems to have succeeded in spite of the strains of entering junior high school, and the initial error in placement. The two-step move to a few "designated classes" in eighth grade and then in High School to ability grouping and limited counseling now looks very good to his teacher, and also to Kirk.

(2) Least Restrictive Environment. There has certainly been major concern for the principle of LRE in Kirk's case (above). LRE issues have been debated especially in the three cases considered here, those of Mary, Elena, and Robin.

a. Mary H.: After more than a year in the EMH kindergarten, Mary was mainstreamed into first grade in her neighborhood school in the fall of 1979. Her mother had demanded her removal from special education and, despite the inability to pay for suggested tutoring, seemed confident that Mary was ready for first grade. In the fall Mrs. H. refused permission for Mary to have speech therapy, saying two missing front teeth was the only problem. In October the family physician discovered that Mary's hearing was badly impaired by blockage resulting from repeated infections. Her adenoids and a growth were removed, and Mary's hearing was greatly improved, so much that she complained of being kept awake at night by ordinary noises. Mrs. H. believed they had discoverd the source of Mary's learning problems, and that she would henceforth be able to do much better work in school.

Unfortunately, Mary's learning progress was then extremely slow; she was unable to do much of the work in her class. She became more and more frustrated, lost self-confidence, and began worrying that other children were talking about her. According to her teacher:

> She is a frustrated little girl and she worries about not being able to do the work. She is also an angry little girl. She hits other children. Things are not good at home... Her self-concept has definitely gone down during the year. It's a problem for her because this class has a wide range of abilities. I have a top reading group of 12 children who are working well into second-grade work. And Mary is at the bottom, with two hyper-active children... But she is good at handwriting, and art... She participates well in class, but in the last weeks Mary will simply sit back at her desk and not come up to the rug to share in discussion... Lately she has fewer and fewer days when she tries.

Mary's mother had faced up to the lack of progress at least by early March, saying desperately:

> I don't feel like she is learning anything at all. I work with her night after night, but she doesn't even know words like the, is, it, and are... She will just not be ready for second grade. She must need some more special help. I didn't think the special education helped her much, but I may have been wrong, because this year she is making no progress. She really needs some skills which she simply doesn't have... I don't think it's the teacher's fault. I don't know who to blame, and I don't know what to do.

Despite this Mrs. H. refused to agree to retention of Mary in first grade when the family moves to California, perhaps at least partly because of Mr. H.'s anxiety about Mary's being, "too old when she graduates from High School." (Mary is nearly eight years old at the present time.)

The decision to mainstream Mary was made at an IEP conference (Spring 1979) which the parents did not attend, by professionals who knew the parents would refuse to approve of "more special education" for Mary. The mother especially had seemed worried by the stigma of Mary's being classified as "dumb" and needing special help. Because the achievement tests verified that Mary had made progress in the special setting, the professionals considered her able to enter first grade. However, a regular first grade was not the appropriate LRE for Mary; both the parents and the professionals involved this past year agree now that the total and abrupt mainstreaming was a mistake. LRE means the least restrictive environment in which the handicapped child can learn effectively. Mary's parents and the professionals have denied her an effective LRE during a critical year in her education, thus thwarting one of the central intents of PL 94-142.

b. Elena P.: A year ago a teacher of hearing-impaired children, who had worked with Elena for three years, gave serious consideration to the girl's desire to be mainstreamed into a regular junior high school. Perhaps Elena's excellent progress would no longer require individual help, after the replacement of the hearing aid that had malfunctioned throughout the 1978-79 school year. Instead, the teacher received approval for transfer (by contractual arrangement) to an experimental junior high just outside the district, with a program designed both for the hearing-impaired and the deaf. Elena apparently had wanted to avoid the stigma of a program for the physically handicapped, and had hoped to participate in track in the regular junior high school. The special school, on the other hand, had only a meager track program and a strong academic emphasis. Elena had expressed disinterest in preparing for college, an outlook her teacher considered shortsighted. Conflicting values had to be faced in making this program decision, involving the choice between academic achievement and the avoidance of the stigma of a physical handicap. Given the decision in favor of academic achievement, it was expected that Elena would continue on through the experimental High School in the special program, thus never being mainstreamed during the final six years of her schooling.

This year Elena's father says she does not like the special program very well, but that she "does her work." One of her teachers has heard her say that the regular junior high school is "a better school." Her hearing aid has worked, in contrast with last year, and she has worn it. She talks with the other hearing-impaired children, but she speaks rapidly and they do not always understand her. Her closest friend at school is a hearing-impaired girl. She does not use sign language much, and rarely communicates with the deaf children. According to her core teacher:

> When they read aloud or recite I ask them to use signs at the same time, so the deaf ones can understand. Elena does not sign when she reads unless she is reminded, and then she does it carelessly. She doesn't know a lot of signs. She has not learned them, and she makes up some when she doesn't know. So when Elena reads I usually sign for her.

This teacher has interpreted the lack of use of sign language as a careless lack of learning, seemingly unaware of Elena's dislike for the symbols of deafness. Elena's academic progrss this year has been somewhat varied, according to this same teacher, but generally satisfactory:

> She is quiet, conscientious, clean, considerate, and she always has her homework done. She is especially careful in math. She has progressed to the eighth-grade level in some subjects, but not in others, especially in language, reading, and social studies. She reads too rapidly when she reads aloud, and makes errors. She seems to want to hurry through... Only one time was she rude to me... finally she apologized and nothing like that ever happened again. If most kids this age were like her I would teach until I am 90!

Next year Elena will again have this core teacher about half the time, in the same program for the hearing-impaired and deaf. She will be in the special room for reading, language, social studies, and science, but integrated in her other classes. The professional judgment seems to be that she still needs the special help to make satisfactory progress, although she does not have to read lips as much as she did before the hearing aid was replaced. In her efforts to appear as normal as possible, she apparently feels compelled to avoid the deaf students and the sign language as much as she can, yet she has little interaction with students other than those in the hearing-impaired group.

C. Robin L.: When school began in the fall of 1979, Robin's foster mother remained frustrated because her strong efforts in the spring had not brought about retesting and serious consideration of a move from the special TMH facility to an EMH program in a regular junior high school. She had to become very assertive again, even calling the District Superintendent and demanding action, before retesting occurred and a special "staffing" was finally held in December 1979. The tests showed Robin to be on the borderline between TMH and EMH, but the school professionals advanced strong reasons against the proposed move. The two chief reasons were that Robin's bossy, interrupting, make-up-new-rules style would make her a social misfit in EMH, and in learning achievements she would plunge from the top to the very bottom of the class. The decision was to keep Robin in the TMH school, and Mrs. L. reluctantly began to accept it. Although her proposal received full consideration, the following statements reflect her continuing ambivalence:

> The professionals brought up a number of important things I had not thought about. For example, if she does go to EMH at the junior high and on to high school and accepts a diploma at age 18, then the law says she can receive no more special services... The District Director said he felt the most <u>restrictive</u> environment is one in which the child is isolated by other children and left out completely! There is no way Robin could compete in EMH. She looks different, and her speech has really deteriorated... Her report card was a poor one. She got only only three S's out of about 50 categories... When I visited her TMH classroom I found that Robin knew the answer to almost all the questions, but when she raised her hand (about every time) the teacher refused to call on her... She really needs to be in a more challenging environment. She would do poorly at first in an EMH program, but she would undoubtedly find it challenging and exciting... I wish I had started pushing on this years ago. I feel very angry that she has been denied this, but I am afraid she is caught where she is now.

Determining the LRE for a mentally retarded child is a serious and complex business. In Robin's case the decision once more was against taking the risks of transfer to a program that would perhaps not be restrictive enough, risks that proved disastrous in Mary's case of the move from EMH to a regular classroom.

(3) Protection in Evaluation Procedures (PEP) and Parental Involvement (PI). For both of these key provisions in PL 94-142, the spring "staffing" in the District is crucial, combining the Annual Review of Placement and the IEP Planning Conference. Before noting some of the pertinent case highlights, it is important to have some perspective on the district procedures, since these sessions play a pivotal role in the implementation of the law. Several months are necessary to conduct the 220 or so IEP conferences in the district every year. The oldest children are considered first, beginning toward the end of January and lasting until toward the end of May. New evidence sometimes makes further staffings necessary in late spring, or in September. This schedule does not include the speech cases, which make up over three-fifths of all the District's children officially included in special education. The speech therapist uses his/her own judgment in determining a child's program of therapy, holds a brief conference with the parents before the end of the year, and files a copy of the IEP goals in the Principal's office.

For all the non-speech cases the District Director of Special Education sends a letter to parents informing them that an "annual review of placement and IEP conference" for their child will be held at a given time and place. A return postcard is enclosed for the parents to check whether they will attend or not, and a telephone reminder of the planning conference is given. The "auditor" (apparently a State of Illinois official) has commended the Director for this follow-up system, but has also informed him that PL 94-142 requires that the notice to parents must specify who will attend the session. The letter is being revised to remedy this inadvertent omission, says the Director, and "next year we will be in full compliance with the law." He reports that this year the percentage of parental participation in the planning conferences has ranged from 20 percent to 80 percent in the various schools in the District. The mean for this year was 45 percent, compared to only 20 percent last year, "so we are beginning to get them in."

There are 6 or more professionals present in the typical conference, and their term of reference for the meeting is "staffing." The term suggests an occasion for reports and discussion by professionals concerned with a case, in keeping with the requirement in PL 94-142 of an Annual Review of Placement. If a parent is present, s/he is badly outnumbered, and usually uninformed and unprepared. The staff members give oral reports from their records and notes, but their summaries and views have not always been put in writing before the meeting. In any event, the parents see no written materials before or during the conference. Only rarely has there been any testing of the child specifically for the conference, other than routine achievement tests in basic skills.

Following the annual review part of the session, attention shifts to making the decision about the program placement of the child for the

next academic year. The recommendation of the key special education teacher is usually adopted, but sometimes there are disagreements. Special educators tend to use technical language in interpreting measures and behavior. Also very influential in the outcomes appear to be the chief administrators, especially the principals of the special schools. When principals speak they tend to sum up the discussion and often to articulate the proposed placement for the coming year, which is rarely challenged by the teachers. The influence of special educators in the conferences rests on apparent technical expertise; the influence of principals stems from their formal authority over the teachers. Parents seem to have to be extremely assertive in order to have much influence on program placements, and the placement options usually considered are limited to those programs currently available in the District.

In 1978-79 there were staffings for 9 of the 12 cases (three cases were Speech only), attended in three instances by the mother. In 1979-80 a parent attended in two of the 8 that were held (none this year for Mary), but Ian's mother insists she never got any notice and would definitely have attended if she had. The main reasons given for not attending have been work and illness. The percentage of attendance by parents in the study is lower than the Director has quoted (above) for the District. Several of the parents seemed unclear about the purpose of the conference, the meaning of IEP, or the importance of their attendance. Some have made their wishes known by notes or telephone calls. Although often vague on details, the parents generally have known pretty well how the child's schooling is going, and in half the cases they have mentioned helping with school work.

Only three families in the study have been strongly active on behalf of the handicapped child's education during 1979-80, and all three have been greatly concerned about evaluation and with decisions about program placement. The case of Robin, discussed above in relation to LRE, heavily involves PEP and PI issues. Again this year, two families in which there has been major parental concern over evaluation procedures and program decisions are those of Tracy and Ian, discussed here. During 1978-79 the mother of a fourth child, Craig, was also highly active; but she was concerned more with instruction than with placement. Her involvement has been somewhat diminished this past year.

a. Tracy E: During 1978-79 Tracy was a Speech case only. Her mother's hard struggle in the spring of 1979 succeeded in getting Tracy the LD classification for this past year, and help for half an hour each day in the LD resource room. During the year the LD teacher who provided this help concluded that Tracy's progress was still much too slow and that she needs more intensive help. In her words:

> I found that I must work with Tracy on a one-to-one basis. She does not make progress otherwise. She really should have had a concentrated LD program starting several years ago. I'm surprised, actually,

> that no one recommended that she go to an instructional room in LD. I haven't recommended it for 1980-81 because I guess Mrs. E. would not care to have her go clear across town to S___ school.

However, this teacher did recommend more help--another step in the more restrictive direction. She was very pleased to get approval for doubling the amount of LD resource room time she will be able to give Tracy next year. There will be 30 minutes of individual help and 30 minutes with a small group each day.

Tracy's classroom teacher also commented on Tracy's slow learning progess this year, and the need for more special help:

> Tracy has had a very difficult time in second grade! She has almost given up, and doesn't care about achieving. There were times when her papers were turned in with no correct answers. She does not do work independently--even when she knows how to do the assignment. Her parents have worked hard with her, I know, but she will not try sometimes...The mother feels optimistic, but I am terrified for Tracy! She is a whole year behind at least. In math she does not really understand the concepts.

This teacher and the LD teacher both thought Tracy's self-confidence had been shaken significantly by her inability to perform well this year, but the speech therapist maintained that both Tracy's speech and self-concept have improved. In the IEP conference some of the professionals commended the family for its strong support of Tracy's self-concept.

Tracy's mother approached the staffing this year with great anxiety, after her battles a year before, as she explains:

> Oh, it is terribly intimidating to go to these conferences. Those people with all that education, and then me, with my High School diploma! I really do feel at a disadvantage.

But, as vulnerable as she felt, she is proud that she fought, won some of the key professionals over, and that her position has been so well vindicated subsequently. In this year's IEP conference she found some allies among the educators, and the outcome was to extend the LD help she had worked so hard to get recognized the previous year.

b. Ian S.: Just as Tracy's mother did, Ian's mother battled to get her child tested for LD problems, and Ian has now had two years of help for 30 minutes a day in an LD resource room, in a public school adjacent to his parochial school. His progress was not sufficient during the first year of this help, and for 1979-80 he was held back in the second grade. Sister _____, his classroom teacher, believes this retention in second grade hurt Ian's self-image, and that he should now be promoted to third grade in spite of mixed progress this past year. He has made much progress in arithmetic, thanks to

summer school in 1979, but he is about a year behind the class in reading and spelling. This teacher feels unable to help with Ian's problems, and believes his LD time should be continued or increased.

Ian's mother, frustrated by his lack of progress except in arithmetic, visited the principals of the two schools concerned and discussed the possiblity of transferring Ian to the public school or to a private one specializing in highly structured educational programs. Although dissuaded from taking such action, she explained her motivation for considering it:

> I was mad. Sister _____ told me at the mid-semester [fall] conference that Ian was the kind of boy who was just going to have to have help all through his schooling. I wasn't happy with the way she views Ian. She said she was just not qualified to teach "this kind of child," with his learning disabilities. So I got on my high horse, because if she is not qualified, I felt I had just better try to find someone who was.

Ian's LD teacher has finally concluded that his problems are more emotional than LD, although both require attention. He cries a lot, and needs constant praise and other encouragement. According to this special teacher:

> In the middle of the year I was not sure that he had LD problems. He has emotional problems; the mother realizes that now too. She has said numerous times that she feels they have neglected Ian... [because of the great needs of the severely handicapped younger brother]. But by Annual Review time in April I had decided that he did still need my help. He still has visual motor problems that warrant my time. He had an inability to sequence words properly, and that hampers severely his ability to comprehend and identify sentences. And he still is not able to work well on his own.

When asked what had led her to feel that Ian did not have the LD problems she thought he had, she explained:

> Well, some people feel that an LD program is a place where they place kids that they are having trouble working with in a classroom. I must be constantly on the alert for that. There must be a definite and genuine LD problem before I can justify taking them into the program. And Ian is a bright enough child; and, when he has more self-confidence, I feel that his learning will dramtically improve.

Her recommended solution for next fall has been adopted. It calls for some reduction in Ian's LD resource room time, from 150 minutes (five days) to 90 minutes (three days) a week, on a trial basis. After a semester he is to be retested to see if this somewhat less restrictive

LD schedule is getting satisfactory results. If not, the time will be increased again to 150 minutes a week.

Ian's mother, who struggled to get the LD classification in the first place, is very dubious about the decision to reduce the resource room time. She did not attend the IEP conference, but insists she never received the notice of it. Rather than to demand another staffing, she has agreed to wait for the reevaluation at the special conference next mid-year. When asked by one of the principal investigators if it would not be possible to telephone parents to confirm the dates of the IEP conferences, the principal of the parochial school said:

> Do you know how much work that would be for the District? Please don't ask them to do that. With so many families having two parents working, we often cannot reach the parents when we need to when a child is sick, even when we have three different telephone numbers... Sometimes, of course, it's a relief when the parents don't show up. Not in Ian's case, of course, but sometimes parents get so defensive when they are faced with statements about all the limitations the professionals see in <u>their</u> child.

Question: "What do they do that is defensive?" Answer:

> Mostly they get silent and sullen. A few get hostile.

Researcher's remark: "Probably not often, because they are too outnumbered to get hostile." Answer:

> That's right, the numbers can make them feel vulnerable, and make them even more defensive.

(d) <u>Data Pertaining to the Theoretical Perspectives</u>. The key provisions of PL 94-142 are directly relevant to the first two of the five theoretical approaches considered in this section. Parental Involvement (PI), which very often overlaps IEP, LRE, and PEP concerns, is central to both the sociology of law and the minority-dominant relations perspectives.

(1) <u>Sociology of Law</u>. Interest-group cross-pressures influence the legislation, judicial interpretations, and administration of legal norms (Pound, 1942:65-86; Turk, 1966; Quinney, 1969:20-30; Chambliss and Seidman, 1971:63-73; Hills, 1971:191-95; Akers and Hawkins, 1975:5-15; Davis, 1962:69-71; 1978:135-39). Although physically handicapped groups and agencies were to influence passage of the Rehabilitation Act of 1973 (PL 93-122), the key impetus for establishing the rights of the handicapped in public schools came from organizations for the mentally retarded (Mercer, 1973; Lippman and Goldberg, 1973:Ch. 3; Hobbs, 1975; Turnbull and Turnbull, 1978:19). The National Association of Retarded Citizens became particularly active after the victory in 1972 in the landmark case in Federal District Court in Pennsylvania (334 F. Supp. 1257 [E.D. Pa. 1971] and 343 F. Supp. 279 [E.D. Pa. 1972]; Lippman and Goldberg, 1973:Chs. 4-7; Turnbull and Turnbull, 1978:35-83).

The Congress cited the following interest groups as having influenced passage of PL 94-142: Associations for Retarded Children, major professional associations of both general and special educators, the BEH, other federal and state agencies of education, and organizations representing handicapped persons, parents, and consumers.

The ultimate effects of a state or federal law depend on the operation of interest groups at the points of local impact. The effects of law can be minimal if the interest groups that want it that way have enough power to prevail. In the district under study it was assumed that the official agencies of public education, and professional associations of both special and general educators, would be among the most influential interest groups. It was also assumed that many parents would be found substantially exercising the legal rights conferred on them to help ensure equal educational opportunity for their handicapped children.

To facilitate testing of these ideas, derived from a sociology of law perspective, three general hypotheses were formulated:

> Hypothesis 1: Public Law 94-142 has had a major impact on the schools and families in a district that already had a relatively progressive system of special education.
>
> Hypothesis 2: Application of the major provisions of PL 94-142 is influenced by key interest groups within the district.
>
> Hypothesis 3: The families of handicapped children readily participate in procedures required by PL 94-142, both (a) as partners in program planning and decision-making, and (b) as adversaries of professional educators when they feel it necessary.

Hypothesis 1 seems well supported by the evidence. In 1976, two years before PL 94-142 went into full effect, the District began to reorganize its special education services and plan for full implementation. Thus the changes in the fall of 1978 were not so dramatic as they otherwise would have been. Some of the children in the study have been in programs that were added in 1976. The activation of the Zero Reject provision is suggested by the special facilities for TMH and profoundly and multiply handicapped children. A master list of all children is compiled every October 1st, with totals indicated for the several categories of handicaps. IEP planning conferences are held for each child in all categories except Speech, which comprises 60% of the list. Speech therapists test the children, make their own decisions about therapeutic goals and procedures, and file statements of IEP goals in the principal's office. Parents receive written notices of the impending IEP conferences, and machinery is available in the District for appeals to Due Process hearings.

Issues concerning the basic thrusts of the law abound in our case materials. Both supportive and implicitly critical statements about PL 94-142 by regular classroom teachers and administrators suggest the

impact of the law. Professional efforts to achieve IEPs and LREs are dramatized (above) in the cases of Vern, Kirk, Mary, Elena, and Robin. PI, in the form of considerable assertiveness concerning evaluation procedures and program placements, has been at the heart of the cases of Ian, Tracy, and Robin. Some of the parents have considered filing DP appeals, but so far none has done so.

The IEP process has apparently been used with care, resulting in program changes in four of the 12 cases for the fall of 1978, a like number for the fall of 1979, and probably that many again for the fall of 1980. There has been only one instance of full mainstreaming during the two years, the only case to date of a change of any kind in the less restrictive direction. The direction in that case may be reversed for the fall of 1980, but the other changes probably will be in the direction of less restrictiveness, with perhaps a mainstreaming. If a single phrase is to be used to characterize PL 94-142, apparently it should be "IEP," not "mainstreaming."

Hypothesis 2, that implementation of PL 94-142 is affected by key interest groups in the district, appears to be supported. However, alignment of interest groups at the local level is different from the national one that influenced Congress when the law was passed. In the cases of the families in this research, no evidence has appeared of the influence of local voluntary associations of educators and of the handicapped. Educational associations have apparently played an important role in communicating to teachers and administrators the provisions and problems of implementing the law. The District administration, especially the Office of the Director of Special Education, visibly represents the U.S. Office of Special Education, the U.S. Department of Education, as a whole, and state educational agencies.

Three especially important groups guarding their perceived professional interests as the law is administered are special educators, regular classroom teachers, and adminstrators. Differences among these groups over the application of the law have been stressed in the discussion (above) of IEP, LRE, PEP, and PI issues. The speech therapists retain a sense of their identity, autonomy, and vested intersts. School psychologists have an impact on evaluation procedures, and thus on placement decisions. Support personnel, notably counselors and social workers, have significant influence in some cases. Interest blocs operate within each school and within the district as a whole, although a given interest group does not always present a united front. Some special educators work in more than one school, and there is awareness of district-wide policies for coordinating special education.

The 12 families have interests to protect, but only a few are very active in doing so (see below). Assertive actions have been taken by individual families rather than by parent groups or other support organizations. In the only family in which there has been mention of a local organization for the parents of educationally handicapped children, the influence has been great. Tracy's mother was in contact with such a group several years ago when an older sibling had LD problems. At a meeting of this group, an administrator who is now District Superintendent have a moving account of his family's trials in getting their

boy's learning problems diagnosed. Tracy's mother kept in touch with the (now) Superintendent, occasionally calling him about her problems. Her threat to call him was most likely the decisive factor in her success in the spring of 1979 in getting Tracy tested for LD problems. This experience suggests that parent groups and other voluntary organizations for the handicapped have considerable potential for influencing school and district policies, but so far this has been more latent than manifest.

The system of special education in the district at any given time represents the tentative outcome of the give-and-take among the interest groups. The results of this "negotiated order" (Day and Day, 1977; Strauss, 1978) vary with the social class of the families, the training and experience of teachers and administrators, budgetary contingencies, and other situational factors. The negotiated order is subject to change when there is even a temporary shift in the balance of power among the interest groups. The alleged lack of sufficient specialized personnel for retesting for learning problems enhances the power of the professionals; it blunts parental initiatives for reclassification and for changes in the child's program. The families studied have generally not exercised much power, although some have, for reasons noted below.

Hypothesis 3, that families of handicapped children readily participate both (a) as partners in program planning and decision-making, and (b) as adversaries of professional educators when necessary, has received only limited support in the case data. The parents of Robin, Ian, and Tracy have been the only ones heavily involved in IEP planning and decision-making. They have at times been very assertive, but none has filed an appeal for a DP hearing. The fourth relatively assertive family (Craig's) has been more concerned with regular classroom activities than with the handicap (minor speech problems). Eight of the 12 families, then, have not readily participated in the education of the handicapped child.

Again this year the parents of Mary, Vern, Kirk, and Elena have participated rather little in program planning, rarely getting to IEP conferences or visits with teachers. They have criticisms, but they rarely express them to the school professionals. They sometimes express the intention to go to school and talk with someone, but do not follow through. Elena's parents have apparently not met any of her teachers this year. Mary's mother has persistently refused to sign permission forms for program placements, but occasionally she has talked with a teacher. Vern's mother has vacillated between occasional episodes of expressive confrontation and compliant accommodation. Kirk's father's last communication with school was some years ago when he called the principal and "told him off" for sending a note home telling the parents to straighten out the boy's behavior. Such parental "hit and run" tactics suggest feelings of powerlessness about the child's education.

The remaining four families have participated very little, and have complied with professional decisions with little or no criticism. Vicki's mother expresses great unhappiness with her daughter, but not with the school. Kenneth's parents have carefully avoided making negative comments, although this spring the stepfather has begun to wonder (to one of the investigators) "why the boy is only reading at the first-

grade level when he is in junior high." He had always assumed the special help would enable Kenneth to "catch up," not understanding the special goals of the EMH program. The parents of Lyle and Norman seem informed and cooperative with what they assume to be temporary speech therapy.

Typically only one of the parents participates in school contacts, whether the two have similar views or not. The two parents have participated about equally in only one of the cases; the father has been the main representative in three cases, and the mother in 8 (one a single parent). Family assertiveness does not seem to be influenced by the sex of the handicapped child. There are two boys and two girls in the most assertive grouping, the same ratio in the in-between category, and three to one in the least assertive.

The reasons for differences in family assertiveness are explored more fully at the end of the next section, in relation to the minorities perspective. However, examination of the data summarized in Table 6 readily shows that social class is a key variable. The assertive families in the study have been middle class, with the exception of Ian's heroic working class mother. Severity of the handicap is associated with assertiveness only in middle class families. Having one spouse who works at home, and having another handicapped child, are also associated with being assertive. These other variables play a role, but middle class status appears to be generally essential to parental assertiveness, and for parents to be taken seriously by the educators.

PL 94-142 requires school professionals to accept their clients' parents as members of the planning team, and to encourage them to participate fully. It also gives the parents adversarial rights against the team. Both the team and adversarial roles are difficult, for the professionals and for parents. Perhaps the educators in the district do not want to limit the role of parents in staffings to providing information and observing, as found in a Connecticut study (Yoshida, Fenton, Maxwell, and Kaufman, 1977). However, we found in this study that if the parents are to be taken seriously as part of a planning team, they must be vigorous and very determined. Even the most assertive families in our study have taken action without being sure of their exact rights, or how to proceed. If the balance of interest-group influence in the district is to reflect the extent of parental involvement required by the Act, the parents will need a great deal more information about their rights under the law, and sustained encouragement to defend them.

(2) Minority-Dominant Relations. Although the handicapped were not mentioned explicitly in the broad federal Civil Rights Act of 1964, federal and state courts began supporting equal education for the handicapped in the early 1970s. In the 1972 "Pennsylvania Case" (cited above), the federal district court cited the case of Brown v. Board of Education of Topeka, Kansas (347 US 483) as a precedent, and classified the education of mentally retarded children as a civil right. The Congress established basic rights for the handicapped in the Rehabilitation Act of 1973. In 1975 PL 94-142 was passed as a civil rights law, to ensure full educational opportunity for all handicapped children, regardless of the degree of the handicap.

TABLE 6

PRESENCE OF DESIGNATED CATEGORIES FOR 4 VARIABLES IN CASES REPRESENTING 3 LEVELS OF PARENTAL ASSERTIVENESS FOR 1978-79 AND 1979-80

Pseudonym of Child	Level of Parental Assertiveness* (both years)	"Severe" or "Moderate to Severe" Handicap: 78-79	79-80	Middle Class Status** (both years)	Handicapped Sibling(s) (both years)	One Spouse at Home*** (both years)
Robin	I	X	X	X	X	X
Ian S.	I				X	X
Craig O.	I			X		X
Tracy E.	I	X	X	X	X	X
Mary H.	II		X	X		
Vern C.	II	X			X	X
Kirk I.	II	X		X		
Elena P.	II	X	X		X	X
Kenneth N.	III	X	X		X	
Vicki R.	III	X			X	
Norman T.	III			X		
Lyle M.	III			X		X

*I = Active Advocates of children's educational interests.
II = Somewhat involved, somewhat critical and watchful, more inclined to avoidance than to firm and persistent participation.
III = Compliance with the system, with little or no criticism.

**Either upper middle or lower middle class. No X in this column means working or lower class.

***One spouse spends the major part of his/her workday in the home.

Several social psychological studies have shown that attitudes toward the handicapped are similar to those toward other minority groups (Best, 1963; Chesler, 1965; English, 1977; Kutner, 1971:143; Roth and Eddy, 1967; Scott, 1969:14-38, 50-89; Tenny, 1953; Wright, 1960; Yuker, 1977:881), and the concept of "handicapism" has been proposed for comparing the experiences of handicapped groups with the victims of racism and sexism (Bogdan and Biklen, 1977). However, there has been little study of the differences in response of handicapped groups to prejudice and discrimination, as well as little study of subcultures, informal social structures, defense organizations, strategies for protest and negotiation, and coalitions of handicapped groups (Davis, 1978:Ch.7). A basic question is the extent to which handicapped groups have a sense of minority group identity (Davis, 1978:4, 37-38).

In order to pursue some central questions about handicapped groups as minorities, the following three hypotheses were stated:

> Hypothesis 4: A sense of minority group identity exists, in varying degrees, among the families of children in special education; but the overall level is not high. (Considerable variation in relevant family experiences is assumed. A generally strong sense of minority group identity was not expected because the majority of the learning handicaps are only mildly or moderately severe, the families isolated from each other, and efforts to inform families of their rights under the law fairly limited.)
>
> Hypothesis 5: There is variation in type of family response to procedures and placements in special education. (A wide range of responses to patterns of discrimination is exhibited by racial and ethnic groups and women. It seemed reasonable to expect the family responses to vary all the way from acceptance and other forms of accommodation to efforts to change the treatment of the child.)
>
> Hypothesis 6: Assertiveness of the family response to experiences with special education varies directly with, (a) the severity of the handicap, (b) social class position, (c) family experience with another handicapped child or more than one, and (d) having a spouse working at home. (Families with children with the most severe handicaps seem most likely to be labeled, to be discriminated against, and to feel that they must protect the interests of the child. The lower the social class position, the more likely it seems that the family will feel powerless to assert its interests in a middle class institution. Experience with a handicapped sibling ought to affect relevant knowledge and family adjustment. Finally, at least one parent must be free to represent the child's interests at crucial times.)

Hypothesis 4, that a sense of minority identity among the families studied is variable and not high, appears to be verified. The best evidence for this pertains to the different styles of family involvement. However, assertiveness is not a sure indicator of a sense of identity with other families of handicapped children, and non-assertiveness does not necessarily prove a lack of group identity. Responses vary to perceived prejudice and discrimination. Yet in the cases of Robin, Tracy, and Ian, there is clear evidence of feelings about unfair, arbitrary, and misleading treatment by the educators. These feelings were especially strong when prompted by what seemed inexcusable delays in retesting and reconsideration of the classification of handicap(s). Ian's and Robin's mothers have frequently mentioned their legal rights under PL 94-142. Both the mothers of Robin and Tracy have gone over everyone else's head, telephoned the District Superintendent, and demanded action on retesting and a possible new program placement.

Tracy's mother had met this Superintendent years earlier, when the latter had spoken to a meeting of fellow parents of educationally handicapped children, and had kept in touch with him, so she had a powerful ally. One mother in the study was strongly influenced by a friend whose problems with her handicapped child were similar to her own. These cases suggest the potential for consciousnes-raising efforts, for supportive networks and organizations, and for support from a sympathetic and important administrator.

The parents who have been at least somewhat critical but who have not been advocates (those of Mary, Elena, Kirk, and Vern), seem to have resentments. Avoidance, alternation of occasional confrontation with compliant accommodation with authorities, and refusing to communicate or to follow the rules, are all styles of response to minority group status. Two-thirds of the families show concern about the stigma of the handicapped condition. Many families apparently want to avoid the label of an ascribed characteristic, suggesting fear of attendant prejudice and categoric discrimination. Stigma is discussed in more detail in the next section.

Hypothesis 5, that the family responses to the status of special education vary, seems well supported by the same data discussed above, chiefly the evidence on the different types of family involvement. The four families in the first group have actively advocated the educational interests of their handicapped children; the second have been critical but non-assertive; the third have been non-critical and compliant. All three groups have been characterized in the section (above) on the sociology of law approach. Interpretations of these differences as modes of response to perceived minority status must be made with care, but there are some similarities to the response patterns of racial and ethnic groups, and women.

Hypothesis 6 (a), that family assertiveness varies directly with the severity of the handicap, is supported by the pertinent case data summarized in Table 6. However, Table 7 shows the relationship more directly, for 1979-80. Contingency tables are very helpful in mining the full potential of case data, and Table 7 illustrates an adaptation of partial correlation analysis. The Ns are very small in the cells, of course, but no coefficients are computed and no sampling inferences are made to larger populations of parents.

TABLE 7

PARENTAL ASSERTIVENESS BY SEVERITY OF CHILD'S HANDICAP, CONTROLLED FOR SOCIAL CLASS, 1979-80

Parental Assertiveness*	Social Class			
	Upper Middle or Lower Middle		Working or Lower	
	Severe or Moderate-to-Severe Handicap	Not Severe or Moderate-to-Severe Handicap	Severe or Moderate-to-Severe Handicap	Not Severe or Moderate-to-Severe Handicap
Assertive	Robin Tracy	Craig		Ian
Non-assertive	Mary	Kirk Norman Lyle	Elena Kenneth	Vern Vicki

*The assertive cases are listed as Type I in Table 6; the Non-assertive as Types II and III.

The initial tabulation of parental assertiveness against 1979-80 ratings of severity of handicap indicated a small association between them. This relationship is controlled for social class in Table 7, which shows the association to be substantial in the middle class but absent (or reversed) in the working and lower class cases. For the 1978-79 data on severity, the class difference was even sharper, with the comparable partial table for last year showing a positive relationship for the middle class but a strong negative one for lower status families. For both years, the assertive responses to the more severe handicaps had been found only in middle class families.

Hypothesis 6 (b), that family assertiveness varies directly with the family's class position, receives support in the case data for both years of the study. When severity of the handicap was controlled for, the relationship between assertiveness and social class was increased for the more serious cases, while it disappeared or was slightly reversed for the milder ones (Table 8). In 1978-79 the lower status families had more than their proportional share of more serious cases, but not so in 1979-80. For both years, middle class parents were much more likely to become advocates for the more serious cases. It appears that lower status families are more likely than the middle class to feel powerless with respect to making decisions about handicapped children at school.

In most of the families there is no clear evidence that class position has influenced handling of the child, but there is such evidence in at least two cases. Tracy's mother has struggled against a perception at school of the family as uneducated and not very intelligent. (Using economic indicators, we have designated the family as lower-middle class). The most blatant class bias has been expressed in an interview with the first-grade teacher Vern had for two years. Conceding that Vern has perceptual and other LD problems, she stressed a culture of poverty explanation:

> Well, I think he could overcome these problems if he had a different home background. They just don't take any responsibility--the whole family I mean. They just do things when they feel like it, apparently. So Vern hasn't learned to take responsibility for anything, and that is why he doesn't have his glasses on so much of the time. He often doesn't smell good; he never looks very clean, you know.

This teacher was greatly resented by Vern's parents, and she had a devastating effect on his self-esteem and school performance for two years, despite the efforts of a sympathetic LD resource room teacher and a speech therapist. Since leaving this teacher's classroom, and getting more LD help, Vern seems a different boy. Such strong class bias apparently adds to feelings of powerlessness likely to be present in working and lower class families.

Hypothesis 6 (c), that family assertiveness is related to having had experience with one or more handicapped children, receives support for middle class families only. When social class was controlled for, the rather small relationship was greatly increased for the middle class, but it disappeared for lower status families (see Table 9).

TABLE 8

PARENTAL ASSERTIVENESS BY SOCIAL CLASS OF FAMILY, CONTROLLED FOR SEVERITY OF HANDICAP, 1979-80

Parental Assertiveness	Severity of Handicap, 1979-80			
	Severe or Moderate-to-Severe Handicap		Not Severe or Moderate-to-Severe Handicap	
	Middle Class	Working or Lower Class	Middle Class	Working or Lower Class
Assertive	Robin Tracy		Craig	Ian
Non-assertive	Mary	Elena Kenneth	Kirk Norman Lyle	Vern Vicki

TABLE 9

PARENTAL ASSERTIVENESS BY FAMILY EXPERIENCE WITH HANDICAPPED SIBLING(S), CONTROLLED FOR SOCIAL CLASS, 1978-80

Parental Assertiveness	Social Class			
	Upper Middle or Lower Middle		Working Class Lower	
	Handicapped Sibling(s)	No Handicapped Sibling(s)	Handicapped Sibling(s)	No Handicapped Sibling(s)
Assertive	Robin Tracy	Craig	Ian	
Non-assertive		Kirk Norman Lyle	Elena Kenneth Vern Vicki	Mary

The data on all three of these variables are the same for 1978-79 and 1979-80. Of the three assertive families with experience with handicapped sibling(s), Ian's parents are the only ones that are not in the middle class. Thus, the lower status families with more severly handicapped children generally have been non-assertive, even when they have had experience with a handicapped sibling.

Hypothesis 6 (d), that assertiveness is associated with having a spouse working at home, receives rather strong support--especially in middle class homes. When social class was controlled for, the relationship was strengthened for the middle class and weakened for lower status families. The data (Table 10) are the same for 1978-79 and 1979-80. (Note the lack of class difference in frequency of "spouse at home.") Actually, except for Ian's parents, the lower status spouses who work at home have generally remained non-assertive. In the cases of the non-assertive parents of Vern and Elena, not only is there one spouse at home, but also the cases have been moderate-to-severe and there is a handicapped sibling. The assertive families of Robin and Tracy have experienced all three of these variables, but they are middle class. Thus, having a spouse working at home, even when combined with the other predisposing variables, seems to result in advocacy only in middle class families. The lower status parents must feel powerless indeed, when they confront the special education network.

Finally, for the minorities perspective, it should be noted that District efforts to date to inform parents of their rights under PL 94-142 have been very modest. Many children in special education are not severe cases, and most parents seem little motivated to try to overcome their relative isolation from each other. Yet our cases suggest that families of these children may be a latent minority group, capable of being aroused to advocate their children's interests, and even of taking collective action. The beginning of the spread of knowledge about the newfound civil rights for the handicapped already may have started widespread consciousness raising, especially among the middle class, and actions similar to those taken by other minority groups to get the laws implemented.

(3) Labeling of Deviant Behavior. The main concern of the labeling theorists is stigmatization and its consequences. Identifying a child as in need of special education, and classifying him/her as having a particular type of handicap, illustrates "social typing." Lawsuits involving charges of labeling normally intelligent children in Spanish-speaking groups as mentally retarded, labeling them as EMH or TMH and never considering them for reclassification, have been important in the judicial, legislative, and professional developments. Interest in the mislabeling of both bilingual and poor black children has become widespread (Mercer, 1973; Hobbs, 1975).

This past year there have been indications of concern about the stigma of learning handicaps in 9 of the 12 cases. Such concerns have been felt by parents of children with all types of handicaps, and at all levels of severity. Even in the mild speech cases, those of Craig and Norman, there is concern lest someone assume their boy has a more serious learning difficulty. Norman's mother is quick to say that their

TABLE 10
PARENTAL ASSERTIVENESS BY HAVING A SPOUSE AT HOME,
CONTROLLED FOR SOCIAL CLASS, 1978-80

Parental Assertiveness	Social Class			
	Upper Middle or Lower Middle		Working or Lower	
	Spouse Working at Home	Spouse Not Working at Home	Spouse Working at Home	Spouse Not Working at Home
Assertive	Robin Craig Tracy		Ian	
Non-assertive	Lyle	Mary Kirk Norman	Vern Elena	Kenneth Vicki

son "does not really have a handicap," while Craig's parents remain uneasily puzzled about "why speech is classified as part of special education." Lyle's father became very upset when he thought a suggestion had been made that the boy had more than a speech problem--perhaps "learning disabilities," which he understands to indicate some version of mental retardation or emotional disturbance.

In contrast to this fear of the LD label, Tracy's mother has embraced it, carefully separating LD problems from those of mental retardation. However, she has expressed anxiety about having Tracy identified with programs for children of low intelligence, which she calls "Special Education." She recalled:

> That hurt me more than anything, when she (first-grade teacher) said Tracy is "trainable." I know she did not mean to hurt me, but, oh, that shook me. It was like she had just given up on Tracy, and the prinicpal wanted to go along, and put her into that narrow little niche--hold her back, and see her as of low intelligence, and they tried to make me see it this way. Yes, I felt so powerless and angry and abandoned, and hurt, and frustrated.

Apparently Lyle's father and Tracy's mother fear the stigma of the same condition(s)--mental retardation and/or mental illness--which one of them associates with "LD," the other with "Special Education." At Tracy's IEP conference this year great concern was shown by Tracy's mother and all the professionals present about the embarrassment suffered by the girl when she cannot read properly before a group.

In the discussion of LRE issues (above), note was taken of the strong opposition of Mary's mother to having her daughter continue in special education beyond the special EMH-LD kindergarten. This demand for mainstreaming was based on the fear of having Mary labeled "dumb." Although she now feels guilty about Mary's failure in the first grade, the mother finds it hard to face the obvious fact that Mary needs special help again. Mary's father worries about her being behind her age peers in school, thus completing High School at the advanced age of 20 or so.

Anxiety about stigma has also been noted in the cases of Ian and Tracy, discussed above in relation to PEP and PI issues. Both Ian's parents and his classroom teacher have worried about the possible effect of keeping this large-sized boy in the second grade again, putting him two years behind his age group. His mother, who has often mentioned family embarrassment over the more severely handicapped younger brother, has worried that Ian might have delicate feelings about wearing a hearing aid.

During the 1978-79 year, Vern's mother explained the struggle she had experienced with the stigma of the older brother's EMH program, and now she had tried to come to terms with it by the time Vern's LD problems came along. Again this year she has commented about stigma as follows:

> A lot of people don't want anybody to know about their problems, but if they need the special help I want them to have it. They get straightened out after a few years and then can do anything anybody else can. It's no disgrace to need special help, and I think they even learn more than other children do; they have to try harder and spend more time with teachers.

(4) Symbolic Interactionism. The usual theoretical foundation for the labeling approach to the study of stigmatization is symbolic interactionism, also used in this study for conceptualizing and observing perceptions of the child, self-esteem, and five behavioral variables: degree of conformity to norms, interaction with peers, interaction with other family members, class participation, and level of class performance. Numerous references to these areas have been made in prior sections of the report, so data pertaining to symbolic interactionist themes are reported here very selectively.

The sense of self is central in symbolic interactionist explanations of the thoughts, feelings, and behavior of the person, and of the symbolic meanings of patterns of social interaction. The person is envisioned as acting in anticipation of the responses of the other social role players with whom interaction is taking place. Conflicting perceptions of the handicapped child can confuse the child and also result in disagreements in making program decisions. Effective social relationships and good academic performance depend on adequate self-esteem, and handicapped children have special problems in coping with their feelings about themselves as well as with the specific learning difficulties. Learning handicaps can complicate the development of a consistent conception of self, confidence in one's self, satisfying relationships with peers and other persons, reasonable conformity to rules, and effective academic participation.

At the end of the year all field reports were analyzed and coded for references to self-esteem. The over-all ratings were compared with the assessments made at the end of the baseline data year. Some shifts have occurred in the ratings of self-esteem of the 12 children since a year ago. Rated as "somewhat weak" this year are Kenneth, Norman, Ian, and Mary, the latter two verging on being "extremely weak." Lyle is the only one now judged to be "strong" in self-esteem, with 7 of the children rated "moderate." No relationship was found between self-esteem and the severity of the handicap again this year, and only a slight association between interaction with peers and self-esteem this year, smaller than it was in 1978-79. Table 11 shows a modest relationship between degree of class participation and self-esteem, again not so large as it was last year.

Low self-esteem can be a serious impediment to a child's school performance, but this year it has also become apparent that learning experiences--both frustrations and successes--can have major effects on self-esteem. There is evidence in the cases, in short, that self-esteem operates both as an independent and a dependent variable. This can be seen by looking at the association between changes in individual programs and in self-esteem.

TABLE 11
CLASS PARTICIPATION BY SELF-ESTEEM, 1979-80

Class Participation	Self-Esteem		
	Weak	Moderate	Strong
Reluctant	Mary Norman	Kirk Tracy	
Moderate	Kenneth Ian	Vern Vicki Elena	
Enthusiastic		Robin Craig	Lyle

Three of the four children whose self-esteem apparently went down this past year have experienced frustrations directly attributable to changes in their academic programs. Mary's inability to cope with work in a regular first grade has affected her self-confidence so much that she now often expresses paranoid feelings. Kenneth's stern, authoritarian home-room teacher in the self-contained EMH program at junior high has been very frustrating for him; and his numerous deviant acts may be a plea for the kind of attention and support he had known in the EMH program at elementary school. Ian's apparently weakened self-esteem has been attributed (by his mother and his regular classroom teacher) to his retention in second grade, something perhaps harder for a gregarious, large-sized boy to accept than lack of daily success in the classroom. Robin has had crying spells and other seeming indications of problems with her self-image this year. Her TMH program is the same as before, although perhaps more conformity to the rules has been expected this year. The program in which she has excelled for some years must not be very challenging to her now, especially when she raises her hand all the time and rarely gets called on.

Three of the children have been judged to have "moderate" self-esteem this year, a rise for them from "somewhat weak" the previous year. In two of the three cases there have clearly been significant improvements in the individual's program, as noted in the discussion of IEP issues (above). Vern's self-esteem has risen remarkably since he has received a major increase in LD time (moving from resource room help to a self-contained room), and left behind a very unsympathetic classroom teacher. Kirk's self-esteem was given a major boost by his LD-BD teacher at the end of his sixth grade, before he had to start adjusting to junior high. His self-confidence has grown this year, despite the sudden back-and-forth shifts in his program, as he progresses from a temporarily more restrictive program toward complete mainstreaming. Vicki's apparent improvement in her self-esteem over the previous year has occurred within the same program she had been in, and in spite of threats by her mother to give up custody of her. The school has had a supportive, calming effect; but Vicki's self-confidence might falter in a classroom in a regular school. Her self-esteem has grown in a self-contained room with only 8 children, much individual help and attention, a closely monitored system of rewards for behavior modification, and an ungraded primary rather than age-level criteria for academic achievements.

This year five of the children have been given the same ratings they received for self-esteem the year before, and four of these had no change in program. Tracy's learning program was apparently improved by the addition of LD help, but she was not assigned enough LD time to prevent strong frustration, especially in reading. Strong family support was apparently needed for Tracy to maintain a "moderate" level of self-esteem. The hope for next year is that more LD time will improve her academic success, thus bolstering her self-esteem.

(5) Family Adaptation. Farber's scheme proved valuable last year for analyzing the family's adaptation to the stigma of the child's handicap, as well as to the demands for changes in family role patterns. Farber found that the families of mentally and cerebral palsied

children do not adapt to the handicap any more than necessary. He found 6 stages in the process of family adaptation tc the child's handicap. According to his "Principle of Minimal Adaptation," each stage involves more role changes than the preceding one, and the family does not make the shift unless it feels compelled to. Progression through the stages is not inevitable. In fact, stabilization at any given stage may occur when a pattern meets the family's needs, and pressures for further adaptation are no longer felt. Farber's (1976:462) six stages are:

1. In the labeling phase bases for existing role arrangements are removed, and there is a realization that major understandings underpinning family relationships may have to be renegotiated.

2. In the normalization phase the family tries to maintain its normal set of roles, all the while being considerate of each other for role lapses in an attempt to make family life as normal as possible. The family presents a face of normality to the outside world and seeks to maintain liaisons with normal families.

3. In the mobilization phase family members increase the time and effort given to family demands, without, however, giving up their claim to normality as a family.

4. In the revisionist phase the family, isolating itself from community involvements, can no longer maintain an identity of normality, and it revises age and sex standards in its organization of family roles. This revision represents an attempt to maintain cohesiveness in an uncaring and misunderstanding world.

5. In the polarization phase the family, finding itself unable to maintain its coherence in an alienated or perhaps hostile world, turns its attention inward to seek the sources of this alienation or hostility within the family.

6. In the elimination phase polarization results in arrangements to preclude contact with the offending person himself. In this phase, the family seeks to renegotiate (with whatever resources remain) to regain those roles regarded as normal.

Using all data pertinent to family adaptation, the two principal investiagors conferred on the cases and jointly classified each family in terms of Farber's 6-phase scheme (above). Table 12 shows the classifications, 10 of which have been judged to be in the same phase they

were in the previous year. The families of the speech cases of Norman and Craig have resisted phase one, expressing concern about being labeled at all, and are thus classed as being in phase zero. The mild-to-moderate speech case of Lyle is the only instance of phase one.

Only one of the four families classified as in phase 2--Kirk's--is not one of the more severe cases, although a year ago it was considered more severe. The other three families in phase 2 have been judged to be moderate-to-severe cases in 1979-80--those of Kenneth, Tracy, and Elena. Mary's case is one of two which changed phases of adaptation. At phase two last year, Mary's family has increased its social isolation in the community and has been forced to give up its assumptions of normality, thus progressing to phase three. The trauma of Mary's failure in first grade destroyed the parent's previous stance that "there never has been anything wrong with Mary." Especially the last months of the school year required them to devote increasing amounts of time and energy to coping with Mary's difficulties at school. Perhaps the not so severe cases of Ian and Vern would not have progressed to phase three except for the presence in both families of a more severely handicapped child. However, three of the families that have not progressed beyond phase two--those of Kenneth, Tracy, and Elena--have had siblings with at least moderately severe handicaps.

Both phase four families, those of Vicki and Robin, have had experience with severely handicapped siblings. Vicki's classification was changed from three to four this year, at the same time the rating of the severity of her handicap declined from severe to moderate. Her mother perceives Vicki's misbehavior at home to be very threatening to her (the mother's) activities and relationships, while the teachers perceive the girl as increasingly able to control herself and do her school work. The mother acknowledges Vicki's progress at school, but since her own perception of Vicki's behavior at home has become ever more negative, the mother has responded by isolating Vicki from any responsible role in the family. Robin's handicap is still rated severe, and the family continues to keep other severely handicapped foster children with an intricately organized division of labor.

Table 12 indicates a moderately large, and somewhat curvilinear, relationship between phase of family adaptation and severity of handicap. The comparable table a year ago, when the ratings of severity were different (by at least one category) for half the cases, showed a somewhat larger and more linear association. Some support has again been found for the hypothesis that the more severe the handicap the more pronounced the adaptation which the family has had to make, although the lack of linearity requires clarification. Data for the third year will help us to explore this relationship further. A partial explanation could center on Vicki's case. The severity rating is based on both the professional and parental assessments of the degree to which the handicap impairs the child's learning progress. By this criterion Vicki is much improved. But the mother is responding to her child as still exhibiting severe "behavior disorders" at home. And the Family Adaptation phase is, of course, based on the family's reaction to the child in the home. Thus, if our ratings reflected only the parent's assessment of severity, Vicki's case would fall much closer to the line of association in Table 12.

TABLE 12
PHASE OF FAMILY ADAPTATION BY SEVERITY OF HANDICAP, 1979-80

Phase of Family Adaptation	Severity of Handicap				
	Mild	Mild to Moderate	Moderate	Moderate-to-Severe	Severe
0	Norman Craig				
1		Lyle			
2		Kirk		Kenneth Tracy Elena	
3		Ian	Vern	Mary	
4			Vicki		Robin

4. Conclusion

Very close comparisons of the data for 1979-80 with comparable data for the baseline year (1978-79) have been possible because the entire stratified random sample of 12 cases from an Illinois school district has been retained throughout the two years. Generally the findings of the baseline year have been confirmed, but some exceptions have been noted. The longitudinal research design has begun to yield data on significant changes in the educational experiences of the handicapped children and families, thus contributing to the understanding of basic processes. Intensive study of the effects of changes in Individualized Educational Programs (IEPs) has proven especially illuminating. One conclusion is that the IEP process has been used with care, and that program changes have facilitated improved learning and self-confidence much more often than otherwise in these cases. Program changes have occurred both in the less restrictive and the more restrictive directions, so there appears to be no general rush into mainstreaming.

The first section of findings in the report (section c; page 26) is organized in terms of four of the basic problems with which Public Law 94-142 is concerned: IEPs, Least Restrictive Environment (LRE), Protection in Evaluation Procedures (PEP), and Parental Involvement (PI). Again this year we found numerous, varied, and often dramatic examples of these issues in the experiences of the 12 handicapped children and their families. Fuller knowledge this year of special education practices in the District has helped to keep the case data in perspective. The second section of findings (section d; page 37) has been presented in terms of the five overlapping theoretical perspectives that have guided the study: the sociology of law, minority-dominant relations, symbolic interactionism, the labeling of deviant behavior, and family adaptation to handicapping conditions. These approaches have helped interpret the data on the key areas of PL 94-142.

This year the two theoretical areas receiving the greatest emphasis in the report are the sociology of law and minority-dominant relations. These two approaches overlap considerably, and are closely related to the four key problem areas outlined in the law. The school professionals, notably the administrators and special educators, are much more aware of the civil rights nature of PL 94-142 than are the parents of the handicapped children. Again this year some of the parents were assertive advocates of their children's educational interests, but most were not much involved. Analysis of the variables associated with parental assertiveness showed middle class status to be very important, especially for the more severely handicapped child. Even when other predisposing variables were present--a severe handicap, family experience with another handicapped child, or having a spouse working at home--advocacy was much more likely to occur in the middle class than in working or lower class families. Lower status parents are more likely to feel powerless to influence the education of the handicapped child, and the District makes little effort to inform parents of their options and rights under the law.

Symbolic interactionist processes have been reported on in less detail than in the 1978-79 final report, but the approach has again been

valuable in studying self-esteem, interactions between the child and various others, class participation, academic progress, differential perceptions of the child and family, and the stigma of the handicap. Evidence on anxiety about labeling has emerged in some of the families in which it was not observed during the baseline year. Parental concern about stigma has been observed at all the class levels represented in the cases, and there seems to be much misunderstanding of the meanings of the official labels of the different types of handicaps, and of the term "special education" itself.

Farber's model for analyzing family adaptation to a child's handicap includes stigma as a major variable. Labeling appears to be important in the operation of the "Principle of Minimal Adaptation." The obtained relationship between the phase of family adaptation and severity of the handicap was smaller and less linear than the previous year. It appears in the cases that concern about stigma, at least its overt expression, is greatest when the family is resisting role changes. At any rate, the relationship between family adaptation and severity of handicap can be further clarified in the light of more longitudinal data.

Efforts in the District to implement PL 94-142 have been considerable, but ensuring equal educational opportunity to every handicapped child is no easy matter. Even in a state and a district where special education was relatively advanced before PL 94-142, no one should expect full implementation to occur without many years of sustained effort, ongoing discussions and readjustments, major budgetary issues, and significant efforts to communicate the aims and guidelines outlined in the law. This year, even more than last, we have been struck with the fairly low level of participation and the lack of information on the part of a substantial majority of the parents, and the powerlessness they feel with respect to making decisions about the child's educational program. If parents are to become planning partners alongside the professionals, and even become their adversaries at times, far greater efforts will be required to provide them with essential information and the necessary motivation. This is especially true for working and lower class families, but it also applies to the middle class.

5. Policy Implications and Recommendations

Again this year only one-third of the parents studied have been strong advocates of their children's educational rights. One-third have expressed criticisms to the researchers, but have not been assertive, while one-third have been neither critical nor assertive. Of the IEP planning conferences held for 9 of the children this past year (none for the speech cases), parents of only two of them attended, although one mother complained that she missed only because she received no notice. Middle class status seemed essential to advocacy in most cases. Parents cited their work schedules as the main reason for missing conferences. Ways must be found to bring about a major increase in parental participation if the key aims of the law are to be achieved. Recommendation 1. Parental involvement must continue to be given top priority in research, professional workshops and conferences, Bureau publications, training grants, pilot projects in parental organizations, and in all efforts to educate the general public to the aims and problems of PL 94-142.

The parents of the children in the study have received only the barest information about the professional evaluation of the child's handicap(s), about the objectives and procedures of the different types of special education, the purpose of the IEP planning conference, the importance of parental participation, and the options and rights of the family under the law. At least two of the sets of parents have not understood the special objectives of EMH programs, believing they enable the child to "catch up" to grade level. One mother has complained that a booklet, allegedly prepared for distribution to all parents of children in special education in the District, had not been given to most of them. Three of the mothers have repeatedly emphasized how hard it has been for them to get crucial information, to get testing and reevaluation, and for their input into decision-making to be given serious consideration. PL 94-142 can be only partially implemented wherever school districts have assumed only token responsibility for getting adequate information to the familes. Recommendation 2. Parents of handicapped children must be provided with full information--in booklets and other printed forms--about the importance of their participation, their options and legal rights, and the aims, procedures and categories of special education.

Printed information is important, but it must be supplemented, especially for parents with less education and lower community status. Even parents otherwise predisposed to become assertive (where there are severe handicaps, another handicapped child in the family, or a spouse working at home) usually do not do so unless they have middle class status. Lower-status parents are less likely to be adequately informed and more likely to feel powerless and unable to influence decisions about the child's education. Rather than giving up on parents as incapable of being the planning partners contemplated in PL 94-142, it is incumbent on the educators to inform and motivate them so they can. Recommendation 3. Printed information to parents must be followed up by conferences and group meetings, especially for the working and lower class families, to provide opportunities for questions, oral explanations, give-and-take discussion, and emphasis on the scheduling of IEP planning coinferences and the importance of attending.

Families of handicapped school children are in different phases of adaptation to the stigma and other problems of the handicap that must be managed. In dealing with a particular family it is helpful to understand its mode of adaptation, whether this has stabilized or is under pressure to change, how the parents feel about stigmatization and in what ways the families support the child's self-esteem. Sensitization to these differences and their dynamics is needed, for administrators and regular classroom teachers as well as for special education teachers. Recommendation 4. Family styles of adapting to the handicapped child, including the management or avoidance of stigma, must receive attention in research, in professional workshops and conferences, and in training grants--both for special and general educators.

Public understanding of PL 94-142 is poor, partly owing to the frequent references to it as the "mainstreaming law." The civil rights nature of the law, and of the related federal court cases, has not been clarified for the general public. For some reason the news media have seized on the important principle of LRE rather than the more fundamental one of IEP, and distorted it to mean movement only in the less restrictive direction, thus creating waves of panic about massive mainstreaming. Recommendation 5. Increased efforts to educate the general public to PL 94-142 must emphasize the IEP nature of the law, making clear that the important principle of LRE is not leading to wholesale mainstreaming, and was never intended to.

Some of the regular classroom teachers and general administrators in the District under study have referred to PL 94-142 as the "mainstreaming law," and some have expressed or implied hostility toward it. Teachers and administrators in special education seem to understand the law well and to give firm support to its civil rights objectives and its key operating principles. The special and general educators often perceive a given child and family quite differently, and thus often disagree on the most suitable program placement. Recommendation 6. Major efforts should be made to acquaint teachers and administrators who are not in special education with the aims and problems of administering PL 94-142, through workshops, distribution of written and audio-visual materials, and inclusion in professional preparation for teaching.

There are risks in removing special help and restrictions too fast, but also in doing so too cautiously and slowly. The need for specialized help, close personal support, and a protective environment must be balanced against the need for individual initiative and to have the maximum challenge. The special education teachers observed in this study have been sensitive to this delicate balance, well aware of the complexity of the decision-making process in which they must provide professional leadership. The recommendation of the child's main special education teacher is usually adopted at the IEP planning conference, which serves to clarify, negotiate, and legitimize the decision. Special educators must be helped to maintain the necessary sensitivity, to share their experiences, and to deal effectively with regular classroom teachers and administrators. Recommendation 7. The awareness of special educators of the delicate problems of balancing LREs with adequate special help should receive special attention in research, workshops for special educators, and in communications between special and regular teachers and administrators.

Some of the children under study have not been retested at all often, even when parents have requested or demanded it. Even special educators can become convinced that a given child is "a classic EMH" or whatever, and the tendency must be resisted to label a child and leave him/her indefinitely in the initial program. Parents, teachers, and also the child, can become comfortable with a classification that is no longer justified, if it ever was. The IEP principle becomes sheer rhetoric if it is not accompanied by flexibility and available procedures for retesting and reevaluation. Recommendation 8. Maximum discussion, especially in workshops and other communications at the school level, should be encouraged concerning the need for frequent retesting and reconsideration of program placement.

The District expected to have more certified school psychologists available for special education after it withdrew from a multi-county consortium in the summer of 1979. Again this past year, however, some of the parents complained of the difficulty of getting testing done. PL 94-142 cannot be implemented when there is a lack of qualified evaluators. Perhaps special educators can be legitimized for this task in many states, a task for which they are trained. Efforts to reconsider programs at crucial times can be frustrated by long delays, or sometimes even by delays of a few weeks or days. Recommendation 9. Major attention must be given to ensuring an adequate supply of qualified evaluators, so that retesting can be accomplished promptly when needed for reconsideration of program placements.

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APPENDIX

LIST OF CODED VARIABLES FOR 1979-80 DATA

1. Nature of the Handicap
   a. EMH
   b. TMH
   c. LD
   d. BD
   e. Speech
   f. Physical

2. Severity of Handicap
   a. Mild
   b. Mild to Moderate
   c. Moderate
   d. Moderate to Severe
   e. Severe

3. Age of Child
   a. 5
   b. 6
   c. 7
   d. 8
   e. 9
   f. 10
   g. 11
   h. 12
   i. 13
   j. 14
   k. 15
   l. 16
   m. 17
   n. 18

4. Grade Level
   a. k
   b. 1st
   c. 2nd
   d. 3rd
   e. 4th
   f. 5th
   g. 6th
   h. 7th
   i. 8th
   j. 9th
   k. 10th
   l. 11th
   m. 12th

5. Sex of Child
   a. Male
   b. Female

6. Social Class of Parents
   a. Lower
   b. Working
   c. Lower Middle
   d. Upper Middle

7. Type of School
   a. Regular public
   b. Special public
   c. Private: Parochial
   d. Private: Other

8. School Program Status
   (Degree of mainstreaming)
   a. Special School
   b. Separate class entirely
   c. Separate class predominantly
   d. Regular class predominantly
   e. Regular class entirely

   Note: For c and d, put the % after the letter.

9. Change in School Program Status from Previous Year
   a. No change
   b. More Restrictive Environment
   c. Less Restrictive Environment

10. Attitudes of Administrators Toward PL 94-142
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

11. Attitudes of Regular Classroom Teacher Toward PL 94-142
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

12. Attitudes of Special Education Teacher Toward PL 94-142
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

13. General Attitude Toward Child & Family by Administrators
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

14. General Attitude Toward Child & Family by Regular Classroom Teacher
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

15. General Attitude Toward Child & Family by Special Education Teacher
    a. Favorable: Explicitly
    b. Favorable: Implicitly
    c. Unfavorable: Explicitly
    d. Unfavorable: Implicitly

16. Congruence in Parental Perception of Child with that of Teachers or Administrators
    a. Congruent
    b. Mixed
    c. Incongruent

17. School Efforts to Encourage Parental Participation
    a. Strong
    b. Moderate
    c. Minimal
    d. Non-existent

18. Parental Participation in Child's School Program
    a. Strong
    b. Moderate
    c. Minimal
    d. Non-existent

19. Parental Satisfaction with Communication with School
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat critical
    d. Very critical

20. Parental Satisfaction with Decisions of School Personnel on Placement
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat critical
    d. Very critical

21. Parental Satisfaction with Professional Evaluations of Their Child
    a. Very satisfied
    b. Somewhat satisfied
    c. Somewhat critical
    d. Very critical

22. Child and Family Concerns about Stigma
    a. Strongly concerned
    b. Moderately concerned
    c. Mildly concerned
    d. Unconcerned

23. Child's Non-conformity to Norms (Behavioral or Disciplinary Problems)
    a. Severe behavior problems
    b. Moderate behavior problems
    c. Mild behavior problems
    d. Conformist behavior

24. Child's Self Esteem (confidence)
    a. Strong
    b. Moderate
    c. Somewhat weak
    d. Extremely weak

25. Child's Interaction with Peers
    a. Very active
    b. Moderately active
    c. Mildly active
    d. Withdrawn

26. Child's Interaction with the Family
    a. Very active
    b. Moderately active
    c. Mildly active
    d. Withdrawn

27. Class Participation
    a. Enthusiastic
    b. Moderate
    c. Reluctant (only when urged)
    d. Does not participate

28. Academic Performance
    a. Outstanding
    b. Good
    c. Fair
    d. Poor

29. Economic Costs of Special Education Program to the Family
    a. Heavy
    b. Moderate
    c. Minor
    d. No costs

30. Family Attempts to Explain the Reason for the Handicap
    a. Genetic defect
    b. Physical injury or disease
    c. Physical defect, cause unspecified
    d. Early socialization experiences
    e. Redefinition--"slow learner," "immature," "bad temper," etc.
    f. Other

31. Concern for Stigma by Administrators and Teachers
    a. Strongly concerned
    b. Moderately concerned
    c. Mildly concerned
    d. Unconcerned